

# **DAILY JAIL RATE MANUAL**

**FOR REIMBURSEMENTS**

**UNDER**

**SECTION 4016.5 OF THE PENAL CODE**

**SECTION 1776 OF THE WELFARE AND INSTITUTIONS CODE**



**STATE OF CALIFORNIA**

**YOUTH AND ADULT CORRECTIONAL AGENCY**

**CALIFORNIA DEPARTMENT OF CORRECTIONS**

**AND**

**CALIFORNIA DEPARTMENT OF THE YOUTH AUTHORITY**

**FISCAL YEAR 2003/04**

# **DAILY JAIL RATE MANUAL**

## **FISCAL YEAR 2003/04**

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**CALIFORNIA DEPARTMENT OF CORRECTIONS  
AND  
CALIFORNIA DEPARTMENT OF THE YOUTH AUTHORITY**

**DAILY JAIL RATE MANUAL  
FOR REIMBURSEMENTS UNDER SECTION 4016.5 OF THE PENAL CODE  
AND SECTION 1776 OF THE WELFARE AND INSTITUTIONS CODE**

**OVERVIEW**

When an individual is arrested by a local jurisdiction for a violation of law and identified as a California parolee, the California Department of Corrections (CDC), Parole and Community Services Division (P&CSD) should be notified and given the opportunity to place a Penal Code (PC) Section 3056 "Our Hold Only" (OHO). The OHO establishes that the parolee shall remain under the legal custody of the CDC and subject at any time to return to State custody. Once the parolee is cleared of local charges and becomes eligible for release by the local jurisdiction, should the CDC elect to continue the OHO, the parolee becomes the financial responsibility of the CDC.

The PC Section 4016.5 was enacted in July 1, 1975 to relieve cities and counties of the cost of detaining State parolees. PC 4016.5 requires that the CDC reimburse local jurisdictions for costs incurred as a result of State prisoner and parolee detention, and parole revocation proceedings, when the detention and/or proceedings relates to violations of conditions of parole and not new criminal charges.

The OHO reimbursement process is managed under the Local Assistance Program (LAP), which provides for the temporary detention of parole violators in city and county jails (hereinafter referred to as counties) while awaiting parole revocation proceedings. The CDC reimburses counties for costs incurred for detaining State parolees on behalf of the CDC or the Board of Prison Terms, and also for the use of local facilities and staff to conduct parole revocation proceedings-- referred to as Morrissey Hearings. These costs are incorporated into a daily jail rate (DJR) that is unique to each location and based on the counties' average daily population and actual expenses from prior fiscal years, such as salaries and benefits, services and supplies, overhead, and routine medical costs incurred while detaining parolees. Non-routine medical costs for specialized care require direct billing by the county and need to be included as an unallowable direct cost in the DJR calculation. PC 4016.5 limits reimbursements to counties for costs incurred from detention to the same cost factors used by the CDC in determining the cost of prisoner care in State correctional facilities.

The Budget Act of 1993 established a maximum reimbursement amount for detaining an eligible inmate that can be paid by the State to \$59.00 per inmate per day; the maximum amount represented the average daily cost of housing a State inmate in a State correctional facility during that Fiscal Year (FY). To date, the cap remains in effect pursuant to the Budget Act.

The methodology used by counties to affect LAP reimbursements is outlined in the DJR Manual, and is subject to audit by the CDC Fiscal Business Management and Audit Unit (FBMAU).

Upon completion of the audit fieldwork, a draft audit report is issued by FBMAU to the county for review and comment, whereupon the county has 30 days to submit additional documentation and/or comment to support costs included in the DJR for the applicable period, as well as, for consideration by FBMAU in preparing the final audit report. Upon evaluation of additional information provided by the county, the FBMAU issues a final audit report that affords the county an additional 30 days for a formal appeal to the CDC Administrative Review Committee (ARC), consisting of the Chief Financial Officer of the Financial Management Office, the Deputy Director of the Facilities and Business Management Division, and the Deputy Director of P&CSD Division. The ARC will make the final determination on behalf of the CDC for any pending audit issues.

## **INTRODUCTION**

PC Section 4016.5, pertaining to the CDC, and Welfare and Institutions Code (WIC) Section 1776, pertaining to the California Department of the Youth Authority (CYA), were enacted to relieve cities and counties of the cost of detaining State parolees when such detention relates to violations of conditions of parole and not a new criminal charge.

Direct payments to cities and counties for costs incurred in the LAP Program and the Detention Program were allowable by the enactment of Chapter 961, Statutes of 1984 (AB 3545). AB 3545 became effective on September 7, 1984 as an urgency statute.

Return-to-Custody and Community Correctional Re-Entry Center Program costs can only be reimbursed by contract and are not covered by the DJR. For contracting information, please contact CDC, P&CSD, Community Correctional Re-Entry Administration at (916) 445-6200.

## **CHAPTER I: DAILY JAIL RATE**

### **A. DAILY JAIL RATE REQUIREMENTS**

The CDC and CYA require that the city or county have an approved DJR for **each facility** in which State parolees or wards will be housed when invoicing for services pertaining to the detention of parole violators. The proposed DJR for FY 2003/04 is based on actual costs and average daily population (ADP) statistics established for FY 2001/02.

The list below will assist the cities and counties in the preparation of a new DJR by assuring that the necessary items are included with the DJR computation forms when submitted for review and approval.

1. Completed DJR checklist for FY 2003/04.
2. A copy of the budget or expenditure report that lists the line items and the **actual** amounts expended during the FY 2001/02 for:

- Salaries and Benefits;
  - Services and Supplies;
  - Medical Costs;
  - Equipment Purchases; and
  - Other direct costs which are applicable to the jail facility.
3. A copy of the county or city's capitalization policy.
  4. A copy of the budget report or revenue report or general ledger that lists all sources of revenue received by the Police or Sheriff's Department during FY 2001/02.
  5. A listing of positions by classification that are covered by the salaries and benefits report for each jail facility.
  6. For indirect costs, provide a copy of the cover page and the appropriate pages of the following:
    - Countywide Cost Allocation Plan (COWCAP) as approved by the State Controller's Office as estimated costs for use in FY 2001/02.
    - Citywide Indirect Cost Rate Proposal (ICRP) as approved by the appropriate Federal Cognizant Agency for use in FY 2001/02.
  7. A summary listing of the items and the dollar amounts included in the departmental and the divisional overhead costs.
  8. A copy of the approved budget allotment report for FY 2003/04 for the requested program(s) only.
  9. The average daily or monthly jail population for FY 2001/02 for each facility plus the projected increase or decrease for FY 2003/04 (including substantiating documentation).

B. **ANNUAL DAILY JAIL RATE PROPOSAL**

1. **REQUIRED RATE SUBMITTAL**

If there have been material changes to the DJR, such as average daily population, cost increases or decreases, and/or services provided or requested for a DJR, cities and counties are required to submit a current DJR proposal/cost package.

Cities and counties must submit the DJR proposal for FY 2003/04 to the CDC no later than **March 1, 2003**. The FY 2003/04 DJR proposal should be based on the actual cost and jail population verified for FY 2001/02.

Applications for an extension to the FY 2003/04 DJR Proposal should be forwarded in writing to the FBMAU **prior to March 1, 2003**. Failure to establish an approved DJR may result in delayed payment of reimbursement claims. When requesting an extension, please include the anticipated completion date for the new DJR proposal.

All cities or counties must establish a **separate DJR for each jail facility housing State parolees and wards**. (A complete set of documents is needed for each facility necessitating an approved DJR.) Do not submit a DJR for facilities that do not house State inmates or wards.

For your convenience, the FY 2003/04 DJR Computation Form and/or the DJR Carry-Forward Request is available and may be requested via e-mail file attachment or 3.5 inch diskette.

In the event a city or county prefers an alternative DJR Proposal format, please provide sample documentation to the FBMAU for prior approval. Due to the volume of DJR Proposals reviewed by the FBMAU, all Proposals submitted without a previously approved format will be returned unprocessed to the applicable jurisdiction.

Claims may continue to be submitted without an approved DJR for the new FY beginning July 1<sup>st</sup> of each year. **Claim for reimbursement must be submitted monthly to CDC by the city or county within 45 days of the month in which the services are provided. The CDC is not obligated to reimburse claims if not received within six months of the applicable service date.**

Any questions regarding DJR proposals should be directed to:

Catherine Malbouvier, Daily Jail Rate Analyst  
California Department of Corrections  
Fiscal and Business Management Audits Unit  
P.O. Box 942883  
Sacramento, California 94283-0001  
Telephone Number: (916) 358-2125  
Facsimile Number: (916) 358-2471  
Catherine.Malbouvier@corr.ca.gov

When the FBMAU approves the new DJR proposal, notification will be sent to the city or county, the CYA, and to the State Controller's Office.

## **2. CARRY FORWARD OPTION:**

Cities and counties may elect to carry forward an approved DJR for two years beyond the prescribed DJR approval date, provided there has been no significant variance to 1) costs associated with the DJR calculation, and/or 2) the average daily population. As noted in Chapter V, Section J, the DJR is subject to audit by the FBMAU, including periods for which the DJR has been carried forward. Adjustments resulting from an audit and/or

procedural desk review are applied retroactively to the applicable period of review. Jurisdictions electing to carry forward an approved DJR to FY 2003/04 must submit a carry forward request letter to the FBMAU prior to March 1, 2003. (See Appendix VIII, Blank Forms for required format.)

The following example illustrates a jurisdiction that has elected the carry forward option:

| <b>EXAMPLE OF JURISDICTION THAT CARRIES FORWARD PREVIOUSLY APPROVED DJR<sup>1</sup></b> |   |   |   |  |
|---|---|---|---|--|
|   |   | <b>ACTUAL<br/>YEAR</b>  | <b>INTERIM<br/>YEAR<br/>(PRIOR YEAR)</b>  | <b>CURRENT<br/>YEAR</b>  |
|   | <b>FY 00/01</b>   | <b>FY 01/02</b>   | <b>FY 02/03</b>   | <b>FY 03/04</b>  |
| <b>ACTION</b>   | \$59.00 rate approved by desk review. (Rate based on actual costs and ADP for FY 98/99.)  | County elects to carry forward approved \$59.00 rate from FY 00/01.   | County elects to carry forward approved \$59.00 rate from FY 00/01.   | County submits cost package. County is selected for audit or a procedural desk review is conducted. Audit/review is based on actual year (FY 01/02) costs. |
| <b>RESULT</b>   | This FY not subject to audit in this example. (Would have been subject to audit in FY 02/03, if selected for audit in that year.) | Audited/desk review rate is \$56.00 based on FY 03/04 audit or desk review. CDC will make necessary adjustments to future invoices. | Revised \$56.00 carry forward rate based on FY 03/04 audit/desk review. CDC will make necessary adjustments to future invoices <sup>2</sup> . | Audit/desk review establishes revised rate of \$56.00 for FY 01/02. Audit/desk review findings applied to establish approved rate for FY 03/04.            |

<sup>1</sup> Read table from left to right.

<sup>2</sup> The county will be given the option to apply the audited/desk review rate to FY 02/03 (Interim Year), or submit a cost package **within 90 days** to FBMAU that incorporates audit/desk review findings to establish the rate for FY 02/03. (This cost package would be subject to audit under Chapter V, Section J, of the Daily Jail Rate Manual.) **Note: This principle would apply whether a county was over-reimbursed or under-reimbursed.**



**C. NEW JAIL FACILITIES**

Cities or counties requesting a DJR for FY 2003/04 for a new jail facility should submit the following items:

1. Completed DJR Checklist for FY 2003/04.
2. A copy of the proposed budget allotment report that lists the line items that are proposed to be expended during the FY 2003/04:
  - Salaries and Benefits (salaries and benefits for the Sheriff or the Chief of Police should be listed separately);
  - Services and Supplies;
  - Medical Costs;
  - Equipment Purchases; and
  - Any other direct costs which are applicable to the jail facility.
3. A copy of the county or city's capitalization policy.
4. A copy of the budget report or revenue report or general ledger that lists all sources of revenue received by the Police or Sheriff's Department during FY 2001/02.
5. A listing of the proposed positions by classification that will be covered by the salaries and benefits.
6. For indirect costs, provide a copy of the cover page and the appropriate pages of the following:
  - Countywide Cost Allocation Plan (COWCAP) as approved by the State Controller's Office as estimated costs for use in FY 2001/02.
  - Citywide Indirect Cost Rate Proposal (ICRP) as approved by the appropriate Federal Cognizant Agency for use in FY 2001/02.
7. A summary listing of the items and the dollar amounts included in the departmental and divisional overhead costs.

Also, include a worksheet showing how these overhead costs were allocated, the basis for the allocation (salaries and benefits or other) and the actual percentages used. A copy of the Sheriff or Police Department's Indirect Cost Allocation Plan can be submitted instead.

8. A copy of the document identifying the rated jail population capacity for FY 2003/04 for the new facility.
9. The estimated dollar amounts for both the routine, the non-routine medical expenses, and a description of the methodology used in determining these amounts.

D. **ALLOWABLE AND UNALLOWABLE COSTS**

All costs, allowable and unallowable, shall be **supported by appropriate accounting records and source documentation. Allocated costs shall be supported by documentation that indicates the methodology used to allocate costs.** Documentation relied on by cities and counties for reimbursements related to the LAP and the Detention Program shall adhere to “Generally Accepted Accounting Principles” (GAAP) as outlined by the American Institute of Certified Public Accountants.

To be allowable, costs included in the DJR calculation must meet the following criteria.

- Be necessary and reasonable for the proper and efficient operation of the detention facility.
- Be allocable to the detention facility.
- Conform to the limitations and exclusions pursuant to the PC Section 4016.5 (pertaining to the CDC) and WIC Section 1776 (pertaining to the CYA), the DJR Manual, and other applicable State or local laws and regulations.

Services and supplies, such as for the Sheriff’s office, can be included as part of the indirect costs.

1. **ALLOWABLE COSTS**

The following direct costs are allowable, but only if they pertain to the jail operations (see Appendix V, Definitions):

**Salaries and Wages:**

Overtime

- Staff Benefits:<sup>1</sup>
- Dental Insurance

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<sup>1</sup> Meal Benefits and Allowances are limited to when an employee is required to work in excess of two (2) hours past their normal workday. If the employee is required to work for more extended periods of time; he/she may be allowed to gain an additional meal allowance for each additional six (6) hour period. No more than three (3) overtime meal allowances will be claimed during any twenty-four (24) hour period.

- Differential Pay
- Disability Insurance
- FICA
- FICA Health Insurance
- Health Insurance
- Life Insurance-Group
- Management Insurance
- O.A.S.D.I.
- Retirement
- Unemployment Insurance
- Uniform Allowance
- Worker's Compensation

**Operating Costs Include:**

- Automobile Mileage
- Automobile Service and Supplies
- Bedding and Linen
- Books
- Building Supplies
- Clothing
- Data Processing Services
- Dental Supplies
- Dining Supplies
- Drugs (over the counter medication)
- Dry Cleaning
- Duplicating
- Equipment Purchases (with purchase values under the capitalization policy)
- Film
- Household Expenses
- Indirect Costs
- Inmate Food Services<sup>2</sup>
- Insurance - General Liability and Malpractice<sup>3</sup>

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<sup>2</sup> Per Penal Code, Section 4016.5, allowable food costs are limited to meals served inmates.

<sup>3</sup> General liability, per the State of California Accounting Standards and Procedures for Counties, is defined as:

“The exposure to 3<sup>rd</sup> party liability injury and/or property damage losses attributable to the broad range of governmental activities excluding losses due to malpractice and the operation of government vehicles...Usually includes errors and omissions and false arrest exposures.”

- Janitorial Supplies
- Kitchen Supplies
- Laboratory Services and Supplies
- Laundry Services and Supplies
- Leases and Rents of Real Property (but not property leased or rented from the City, County, or State)
- Legal Notices
- Maintenance of Buildings
- Maintenance of Grounds
- Maintenance of Office, Computer, Printing and Lektreiver (for clothing storage and retrieval) equipment
- Medical Care provided to all inmates
- Memberships and Dues<sup>4</sup>
- Office Expenses
- Office Supplies
- Periodical Publications
- Pharmaceutical Supplies (per the definition of routine medical care)
- Postage
- Printing
- Safety Equipment Purchase and Maintenance
- Small Tools and Instruments
- Telephones
- Training and all costs associated with maintaining Officer standards
- Transportation (intra-county transportation only)
- Travel
- Utilities (electricity, gas, water, sewer and refuse collection, etc.)

2. **UNALLOWABLE COSTS**

Unallowable functions/costs generally are those that are for the benefit of the entire city or county rather than specifically for the LAP and/or Detention Programs. The following are some of the characteristics of unallowable functions:

- The activity is legislative in nature.
- The activity produces benefits for jail programs, but not State inmates housed in the city/county facility; e.g., work furlough, home detention, etc.
- The activity is undertaken for the benefit of the entire city or county or for the general public.

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<sup>4</sup> Membership and/or Dues in approved professional law enforcement related organizations. Includes professional license renewal.

- The activity is a general function required to carry out the overall responsibilities of local government. Some examples of the above are: Board of Supervisors' review, advertising, salaries of elected officials, and donations.

For further information on functions not allowable as indirect costs within a city or county cost plan, see Sections 2430-2440 of the Handbook of Cost Plan Procedures for California Counties, Office of the State Controller.

A detailed list of unallowable costs is indicated on the following pages. If there is a question if a specific cost is allowable, the city or county should contact the FBMAU at (916) 358-2125 for approval prior to incurring the expense or prior to including the expense in the DJR computation.

Consistent with the PC Section 4016.5 which requires that CDC reimburse cities or counties for jail services using "...the same cost factors as are utilized by the (California) Department of Corrections in determining the cost of prisoner care in State correctional facilities..." and with SAM Section 8752, et seq., the following costs are unallowable when computing the city's or county's DJR:

- **Booking Costs:** Costs associated with booking, including classification (PC Section 4016.5 specifically excludes booking costs) staff, supplies, equipment, food and medical costs, are unallowable.
- **Capital Assets:** Assets that meet the government's capitalization policy such as land, improvements to land, easements, buildings, leasehold improvements, vehicles, machinery, equipment, works of art and historical treasures, infrastructure, and all other tangible or intangible assets that are used in government operations, have initial useful lives extending beyond one year, and are usually subject to depreciation. Capital assets do not include depletable resources such as minerals or timber.
- **Commissary Costs:** All expenditures incurred to support and supply a jail facility store where supplies (i.e., beverages, candy, magazines, Tylenol, etc.) and other amenities are sold to the inmates are unallowable.
- **Communications or Radio Services:** The costs of communications or radio services outside the jail facility are unallowable. Communications or radio services provided primarily for the function of protecting the public outside the detention facility are unallowable. Communications from a patrol officer's or deputy sheriff's vehicle to the detention facility are unallowable. Radio and communication services **used exclusively within** the jail facility **are** generally considered **allowable** costs.
- **Contingencies:** Contributions to a contingency reserve or any other similar provision for unforeseen events are unallowable.

- **Contributions and Donations:** Contributions and donations are unallowable.
- **Depreciation Costs:** The costs of depreciating capital assets are unallowable.
- **Elected Officials' Salaries:** The salaries and benefits of elected officials, such as members of the Board of Supervisors or the City Council and the Sheriff, are considered a general cost of local government and, therefore, are unallowable. The principles followed are those used in developing the COWCAP as approved by the State Controller's Office.
- **Encumbrances:** Encumbrances are not allowable as program expenses because the actual expenditures have not occurred. *These expenses will be allowable in the year the expenses are paid.*
- **Entertainment:** Costs of amusements, social activities and related incidental costs (meals, beverages, lodgings, rentals, transportation and gratuities) are unallowable.
- **Equipment:** Equipment that either meets or exceeds the County or City's capitalization policy is unallowable. In the above definition of capital assets, equipment is tangible property other than land, buildings, improvements other than buildings, or infrastructure, which is used in operations and with a useful life of more than one year. Examples are furnishings, equipment, and software. Equipment may be attached to a structure for purposes of securing the item, but unless it is permanently attached to, or an integral part of, the building or structure, it is to be classified as equipment and not buildings.
- **Facility Lease or Use Costs:** Except as defined in "(1)" below, the following restrictions apply:
  - (1) Facility lease costs are unallowable costs to the extent that Federal or State funds have been granted which cover these costs.
  - (2) No lease cost is allowable unless the lessor is a second party, separate from the city or county government, and the lease is not for jail space. To include any lease cost in the DJR proposal, the city or county must include a copy of the lease and documentation of the lessor's identity and financial interest separate from the city or county government.
  - (3) Facility Lease or Use Costs By Special Agreement: Identify and deduct from the total cost of construction, any funds from any other levels of government for the cost of such incarceration facilities. Only the remaining or net cost of facility construction will be allowed in a DJR proposal for reimbursement under the special agreement.

- **Fines and Penalties:** Costs resulting from the violations of or failure to comply with Federal, State and local laws and regulations are unallowable.
- **Insurable Losses:** Actual losses that could have been covered by insurance through a self-insurance program approved by the State Controller's Office or others, are unallowable.
- **Interest and Other Finance Cost:** Interest and/or other finance cost on borrowings (however represented), bond discounts, cost of financing and refinancing operations and legal and professional fees paid in connection therewith, are unallowable.
- **Legal Expenses:** Legal services furnished by the chief legal officer, related staff, and/or assignees for the purpose of discharging his/her general responsibilities as the legal officer are unallowable costs. Legal expenses for the prosecution of claims against the Federal or State government are also unallowable costs.

**NOTE: Costs of county attorney as included in the ICRP or COWCAP are allowable for establishing Indirect Costs.**

- **Meal Benefits and Allowances:** Meals for guests are unallowable. Meal benefits and allowances for staff are generally unallowable, unless the following conditions exist: when an employee is required to work in excess of two (2) hours past their normal workday. If the employee is required to work for more extended periods of time, he/she may be allowed to gain an additional meal allowance for each additional six (6) hour period. No more than three (3) overtime meal allowances will be claimed during any twenty-four (24) hour period.
- **Medical (Non-Routine) Expenses:** See Chapter I, Section D, Miscellaneous and Non-Routine Medical Costs below, for further explanation and procedures for reimbursement.
- **Transportation:** Only intra-county (within the county lines) transportation costs are allowable. Inter-county transportation costs are unallowable. Transportation expenditures from a State **detention** facility to a county **detention** facility and vice versa are allowable. Transportation expenditures from a county facility to a facility of another county are not allowable.

### 3. **MISCELLANEOUS AND NON-ROUTINE MEDICAL/DENTAL EXPENSES**

"Non-routine medical expenses" refers to medical services provided to an individual for a specific condition or specialized care, such as those that typically requires a specialized physician (i.e., dermatology, psychiatry, cardiology, endocrinology, neurology, oncology, etc.). Non-routine medical expenses are

unallowable as a direct cost in the DJR calculation and must be billed by the city or county directly to HASS, via the appropriate P&CSD Regional Headquarters Office.

**NOTE:** Non-routine medical expenses must be included as both a direct cost and then removed as an unallowable direct cost in the DJR Computation Schedule. This will ensure that the non-routine medical expenses receive their proportionate share of indirect costs.

Claims for miscellaneous and non-routine medical/dental services shall be submitted using CDC Form 2128, Monthly Invoice for Non-Routine Medical. Documentation and/or detail supporting non-routine medical expenses must clearly identify the specific nature and level of medical services, appropriateness and related expense (e.g., security and transportation) for medical services provided parolees.

If a State parolee in the custody of the city or county requires non-routine medical care after being received, the city or county must provide verbal notification to the Unit Supervisor of the respective parole unit within 24 hours. Additionally, within three consecutive days of an emergency non-routine medical need, the city or county must provide written notice to the State for a determination whether to release the State's parole hold or remove said inmate from the care of the city or county. Notification shall be directed in writing to the appropriate Unit Supervisor. The Unit Supervisor will immediately forward such notice, including the specific nature and level of medical services required, to the respective District Administrator. The District Administrator shall forward pertinent details to the P&CSD Headquarters Health Care Coordinator for evaluation and disposition. The District Administrator will communicate the final determination to the Unit Supervisor, who will be responsible for authorizing treatment and continuing a parole hold or removing the effected parolee from the city or county jail, as appropriate. Non-routine medical needs of a non-emergency nature require written pre-authorization from the P&CSD and shall be processed in a manner similar to that of an emergency medical need.

Emergency medical treatments must be supported by a statement from a licensed medical or dental professional describing the nature of the emergency, reasons for emergency services and itemized listing with cost for each service. A copy of any pre-authorization for non-emergency medical services must be attached to the invoice.

Invoices which bill the CDC for any miscellaneous costs incurred on behalf of a parolee/inmate during authorized detention which are not covered by the DJR shall be prepared monthly by the responsible agency at the local level (i.e., county fiscal office, Sheriffs' office, etc.). Invoices shall bill for miscellaneous charges for a single month. The local agency shall include the name, title, address and phone number of the primary contact for each invoice on all miscellaneous and non-routine medical/dental invoices. Copies of any invoices received by the



detaining agency from any outside vendor/service provider detailing the services provided must be attached to the invoice.

The local agency must submit all invoices and required attachments to the CDC within six months of the end of the month in which the costs are incurred. The local agency shall send **all** invoices, with attachments, **in triplicate** directly to the appropriate P&CSD Regional Headquarters.

E. **OFFSETTING REIMBURSEMENTS AND APPLICABLE CREDITS:**

**Dual funding is not allowed.** Reimbursements or funding from federal, State or other sources must be used to offset costs incurred for programs related to PC Section 4016.5 or WIC Section 1776. The exception to this are reimbursements received from other agencies for their inmates, provided that:

1. The services provided for housing their inmates are similar to services for CDC inmates, and
2. Those inmates are included in the ADP count.

All reimbursements for direct jail services must be offset against direct cost expenditures. Such offsetting reimbursements include, but are not limited to:

- Training funds supported by a Federal or State program.
- Parole revocation hearing reimbursements for direct jail expenses, such as security staff or jail utilities, but not for the reimbursement of costs incurred outside of the jail.
- Transportation costs reimbursed by the Federal, State, or Local government through other approved programs.
- Court security service reimbursements for direct jail expenses such as for security staff.
- Other mandated cost reimbursements or offsetting grants applicable to costs claimed for the DJR.

Applicable credits refer to those receipts or reduction of expenditure-type transactions that reduce expense items included in the DJR calculation, to the extent that such revenues and credits are measurable and available for the city's or county's detention operation. Examples of such transactions are:

- Purchase discounts.
- Recoveries or indemnities on losses.
- Insurance refunds or rebates.
- Adjustments of overpayments or erroneous expenditures.

**CHAPTER II: COMPLETING THE DJR COMPUTATION FORM**

Lines 2-9: Include all **allowable** and **unallowable direct** costs for the jail facility. Deduct unallowable direct costs in lines 12-17.

Line 2: Wages and Benefits - Use the FY 2001/02 actual costs for the jail facility (ies). Attach a copy of the expenditure report that lists the items and the amounts expended in salaries and benefits. Also, attach a listing by classification of the positions included in the salaries and benefits.

If salaries or benefits were allocated, include a worksheet showing the basis for the allocation, the actual percentages used and the dollar amount. Attach a copy of the actual expenditure reports even if the costs were allocated. Identify any attachments in a footnote.

**NOTE: Do not include any salaries or benefits for Administration in this line item. Administration is considered to be part of the Indirect Costs. Do not include any salaries or benefits for any elected officials, such as the Sheriff, as they are unallowable costs.**

Line 3: Services and Supplies - Use the FY 2001/02 actual costs. Attach a copy of the expenditure report that lists the items and the amounts expended in services and supplies for the jail facility.

If services and supplies were allocated, be sure to include a worksheet showing the basis for the allocation, the actual percentages used and the dollar amount. Attach a copy of the expenditure reports even if the costs were allocated. Identify any attachments in a footnote.

Line 4: Medical Costs – For the purpose of calculating the DJR, **include costs for both routine and non-routine medical costs**. Non-routine medical costs should be deducted in lines 12-17.

Attach a copy of the expenditure report that list the items and amounts expended for medical costs. If there is a medical contract with another agency to provide routine medical care for the jail facility, submit a copy of the contract. Ensure that the contractor provides an expenditure report classifying routine and non-routine medical services as defined in this manual.

If medical costs are allocated, include the actual expenditure reports documenting the basis for the allocation, the actual percentages used and the dollar amounts. Identify any attachments in a footnote.

Line 5: Equipment Purchases - If equipment purchases were listed separately from services and supplies, follow the same requirements as for services and

supplies above. Identify any attachments in a footnote. **Equipment can only be included in accordance with the county/city's capitalization policy. Capital assets are unallowable.** Include a copy of the capitalization policy and a complete description of each fixed asset including the cost.

Line 6-9: Other Direct Costs - List any other direct costs separately and explain them in a footnote. Include only costs directly attributed to the jail facility (ies).

If other direct costs were allocated, be sure to include a worksheet showing the basis for the allocation, the actual percentages used, and the dollar amount. Attach a copy of the expenditure reports even if the costs were allocated. Identify any attachments in a footnote.

**NOTE: Do not include any costs charged to Administration in this line item. Administration costs are considered to be part of the Indirect Costs.**

Line 10: Total Direct Costs - Enter the sum of the costs from lines 2-9.

Lines 12-17: Less: Unallowable Direct Costs - List any unallowable direct costs that are included in Direct Costs (e.g., booking costs, non-routine medical costs, or radio service outside the jail facility (ies)).

Line 18: Total Unallowable Direct Costs - Add together lines 12-17.

Line 19: Allowable Direct Costs - Subtract line 18 from line 10.

Line 20: Or Other Basis - If the city or county uses another method to determine Allowable Direct Costs, a detailed explanation and documentation must be provided. Identify any attachments in a footnote.

Line 21: Indirect Costs - This is for all applicable indirect (overhead) costs of detention operation, including booking and non-routine overhead. Items that can be included in this line item are costs included in the ICRP or COWCAP approved for use in FY 2001/02 and any departmental, divisional or other applicable indirect (overhead) costs, including salaries and benefits, services and supplies, the roll-forward amount in the COWCAP, and any adjustments and equipment costs minus any applicable revenues or reimbursements.

All indirect costs must be allocated based on the percentages that each cost center benefits from the indirect costs. Be sure to include a worksheet showing the basis for the allocation (salaries and benefits, etc.), the actual percentages used and the dollar amounts. Attach a copy of the expenditure reports even if the indirect costs were allocated.

**NOTE: To include the ICRP or COWCAP as part of the indirect costs, remove building and equipment use costs from the**

**proposed costs, and include the roll forward amount. All other costs included in the ICRP or COWCAP, unless otherwise unallowable as defined in this manual, are accepted as part of the Indirect Costs, provided they have been allocated appropriately to each cost center.**

Overhead costs must be allocated to each cost center or jail facility based on the appropriate percentage of that cost center or jail facility's salaries and benefits in relationship to the total salaries and benefits of all costs centers.

The following indirect costs are allowable only in proportion to the jail operations:

- a. Citywide or countywide overhead costs from the ICRP or COWCAP as formally approved by the applicable Federal Cognizant agency or the State Controller's Office for use in FY 2001/02.
- b. Departmental overhead costs as indicated on the departmental ICRP.
- c. Divisional overhead costs as indicated on the divisional ICRP.

Line 22: Allow Dir/Total Dir - This percentage is obtained by dividing the allowable direct costs by the total direct costs. Divide the amount on line 19 by the amount on line 10: enter the result on line 22 as a percentage with two decimal places.

Line 23: Allowable Indirect Costs - Multiply the value on line 21 by the percentage on line 22.

Line 24: Total Expenditures - This is the total FY 2001/02 program expenditures. Add lines 19 and 23 or lines 20 and 23.

Lines 26-30: Less: Offsetting Reimbursements and Applicable Credits - Costs already reimbursed or funded from Federal or State government or other sources, cannot be reimbursed again under PC Section 4016.5 or WIC Section 1776. **Dual funding is not allowable.** (See exception, Chapter I, Section E.)

All reimbursements for direct jail services must be offset against direct cost expenditures.

Line 31: Total Offsetting Reimbursements and Applicable Credits - Add together values from lines 26-30.

Line 32: Allowable Costs - This is the total Allowable FY 2001/02 program expenditures; subtract line 31 from 24.

Line 33: Allowable Costs (FY 2001/02) - The value amount on line 32 is carried forward.

Line 34: Estimated 2-Year % Cost Increase/Decrease - The types of costs used to calculate the two-year percentage cost increase/decrease **must be the same types of costs used to calculate the DJR in order to avoid excessive retroactive adjustments.** The method used must be reasonable and supported by documentation that includes an explanation describing how the two-year percentage cost increase/decrease was determined.

For example:

- a. Budgeted costs for FY 2002/03 divided by actual costs for FY 2000/01, less 1.
- b. Budgeted costs for FY 2002/03 divided by actual costs for FY 2001/02, less 1, then multiplied by 2.

Line 35: Amount of Estimated 2-Year Increase/Decrease - Multiply the amount on line 33 by the percentage on line 34.

Line 36: Total Allowable Costs for FY 2003/04 Rate Computation - Add lines 33 and line 35.

Line 37: Reported Average Daily Jail Population - Attach a copy of the monthly average daily jail population (ADP) for FY 2001/02 for the jail facility, or a copy of the official city or county document where this population figure appears.

Line 38: Calendar Days - Enter the total number of days in FY 2003/04: 366.

Line 39: Total Projected Jail Population - Multiply value on line 37 by the value on line 38.

Line 40: Estimated 2 Year % Population Increase/Decrease - Enter the estimated percentage increased/decreased jail population for FY 2003/04. Provide documentation substantiating the expected jail population for FY 2003/04, such as a court order reducing the jail population, etc. The method used must be reasonable and supported by documentation that includes the methodology used in determining the two-year population increase/decrease.

Proposed formulas:

- a. 2001/02 ADP minus 1999/00 ADP equals \_\_\_\_ divided by 1999/00 ADP.

Example:

|   |                        |       |                 |
|---|------------------------|-------|-----------------|
|   | FY 2001/02 ADP         | _____ | (1)             |
| - | FY 1999/00 ADP         | _____ | (2)             |
| = | Change                 | _____ | (1) - (2) = (3) |
| % | Population Incr./Decr. | _____ | (3) / (2)       |

- b. Average increase/decrease over past five years.

Example:

| <b>FY</b>                                  | <b>97/98</b> | <b>98/99</b> | <b>99/00</b> | <b>00/01</b> | <b>01/02</b> |
|--|--------------|--------------|--------------|--------------|--------------|
| <b>ADP</b>                                 | 1,417        | 1,479        | 1,586        | 1,474        | 1,110        |
|  |              | -1,417       | -1,479       | -1,586       | -1,474       |
| <b>Change</b>                              |              | 62           | 107          | -112         | -364         |
| <b>Incr/Decr</b>                           |              | 4.38%        | 7.23%        | -7.06%       | -24.69%      |
| <b>Average Increase/Decrease</b>           |              |              |              |              | -5.04%       |
| <b>Multiply by 2 for two-year estimate</b> |              |              |              |              | -10.08%      |

The FBMAU recommends using the more conservative estimate that best reflects the ADP trend in the facility in order to avoid large fluctuations in the rate paid.

Line 41: Estimated FY 2003/04 Jail Population - Multiply the value on line 39 by the percentage on line 40, then add the result to the amount shown on line 39.

Line 42: DAILY JAIL RATE (FY 2003/04) - Divide value on line 36 by the value on line 41.

**NOTE:** The \$59.00/day cap for detention costs established in the Budget Act of 1993 remains in effect pursuant to the Budget Act of 2003. Please be advised that the control language previously established by the Budget Act of 1993 may be subject to change in the Budget Act of 2003.

**CHAPTER III: INSTRUCTIONS FOR COMPLETING THE  
PRIOR RATE ESTIMATE ADJUSTMENT SCHEDULE FY 2003/04(A)**

As in prior years, the city or county may use the Prior Rate Adjustment Schedule to adjust the reimbursements received for detention costs for FY 2001/02.

If the city or county was overpaid, collection by CDC will be made from the first few months' invoices paid in FY 2003/04. If the city or county was underpaid, the city or county should submit CDC 2131-B, Consolidated Amended Invoice Parolee/Inmate Detention, with the corrected DJR rate for FY 2001/02 as calculated below:

- Line 1. Total Allowable Costs for Fiscal Year (FY) 2001/02 - Enter the value on line 33 of the DJR Computation Schedule for **FY 2003/04**.
- Line 2. Average Daily Population in FY 2001/02 - Enter the value on line 37 of the DJR Computation Schedule for **FY 2003/04**.
- Line 3. Total Calendar Days in FY 2001/02 - Enter the total number of days in **FY 2001/02**: 365.
- Line 4. Total Actual Inmate Days in FY 2001/02 - Multiply the value on line 2 by the value on line 3 and enter the amount.
- Line 5. Corrected DJR Rate approved for FY 2001/02 - Divide the value on line 1 by the value on line 4 above.
- Line 6. Daily Jail Rate approved for this facility for use in FY 2001/02 - Enter the DJR approved for FY 2001/02 as shown on line 42 of the approved DJR Computation Schedule for **FY 2001/02**.
- Line 7. Difference - Subtract the value of line 5 above from the value of line 6 above.

If the DJR on Line 5 is under the \$59.00 cap, and is less than Line 6, the city or county was overpaid for FY 2001/02 invoices. CDC will collect the overpayment from future invoices.

If the DJR on Line 5 is under the \$59.00 cap, and is greater than Line 6, the city or county was underpaid for FY 2001/02 invoices. Use CDC 2131-B, Consolidated Amended Invoice for Parolee/Inmate Detention and invoice CDC for the difference.

If the DJR on Line 5 is \$59.00 or more, and Line 6 is less than \$59.00, the city or county was underpaid for FY 01/02 invoices. Use CDC 2131-B, Consolidated Amended Invoice for Parolee/Inmate Detention and invoice CDC for the difference.

If the DJR on Line 5 is \$59.00 or more, and Line 6 is \$59.00, there will be no adjustments made. The cap of \$59.00 placed on DJR rates, as established by the Budget Act of 1993, remains in effect.

## FISCAL YEAR 2003/04

## DAILY JAIL RATE COMPUTATION

| COUNTY/JAIL NAME  |                   | Prepared By:                                 |
|---|-------------------|--|
| ACTUAL EXPENSE FOR:<br>FY 2001/02                                       | REPORTED<br>COSTS | REFERENCE                                    |
| <b>1 DIRECT COSTS: (Allowable and Unallowable)</b>                      |                   |  |
| <b>2 Wages and Benefits</b>   |                   |  |
| <b>3 Services and Supplies</b>  |                   |  |
| <b>4 Medical Costs (Routine and Non-Routine)</b>                        |                   |  |
| <b>5 Equipment Purchases (Non-capitalized)</b>                          |                   |  |
| <b>6</b>  |                   |  |
| <b>7</b>  |                   |  |
| <b>8</b>  |                   |  |
| <b>9</b>  |                   |  |
| <b>10 Total Direct Costs</b>  |                   | Total of Lines 2 through 9                   |
| <b>11 LESS: Unallowable Direct Costs</b>                                |                   |  |
| <b>12 Booking Costs</b>   |                   |  |
| <b>13 Non-Routine Medical Costs</b>                                     |                   |  |
| <b>14 Communication Costs (outside of the jail facility)</b>            |                   |  |
| <b>15</b>   |                   |  |
| <b>16</b>   |                   |  |
| <b>17</b>   |                   |  |
| <b>18 Total Unallowable Direct Costs</b>                                |                   | Total of Lines 12 through 17                 |
| <b>19 ALLOWABLE DIRECT COSTS</b>  |                   | Line 10 less Line 18                         |
| <b>20 Or Other Basis</b>  |                   |  |
| <b>21 INDIRECT COSTS</b>  |                   |  |
| Allow Dir/Total Dir Equals The Allowable                                |                   |  |
| <b>22 % of Indir Costs</b>  | %                 | Line 19 divided by Line 10                   |
| <b>23 ALLOWABLE INDIRECT COSTS</b>                                      |                   | Line 21 multiplied by Line 22                |
| <b>24 TOTAL EXPENDITURES</b>  |                   | Line 19 plus Line 23 or Line 20 plus Line 23 |
| LESS:   |                   |  |
| <b>25 Offsetting Reimbursements &amp; Applicable Credits</b>            |                   |  |
| <b>26 STC</b>   |                   |  |
| <b>27 POST</b>  |                   |  |
| <b>28 Transportation</b>  |                   |  |
| <b>29 Morrissey</b>   |                   |  |
| <b>30</b>   |                   |  |
| <b>31 TOTAL:<br/>Offsetting Reimbursements &amp; Applicable Credits</b> |                   | Total of Lines 26 through 30                 |
| <b>32 ALLOWABLE COSTS</b>   |                   | Line 24 less Line 31                         |



## FISCAL YEAR 2003/04

## DAILY JAIL RATE COMPUTATION

| COUNTY/JAIL NAME   |                                  | Prepared By:                  |
|--|----------------------------------|-------------------------------|
| PROJECTED EXPENDITURES FOR:<br>FY 2003/04                                      | REPORTED<br>COSTS                | REFERENCE                     |
| <b>33</b> Allowable Costs (FY 2001/02)   |                                  | From Line 32 on Page 1        |
| <b>34</b> Estimated 2 Year % Cost Increase/Decrease                            | %                                | See Manual, Chapter II        |
| <b>35</b> Amount of Estimated 2 Year Increase/Decrease                         |                                  | Line 33 multiplied by Line 34 |
| <b>36</b> <b>TOTAL ALLOWABLE COSTS<br/>FOR FY 2003/04<br/>RATE COMPUTATION</b> |                                  | Line 33 plus Line 35          |
| FISCAL YEAR 2003/04  |                                  |                               |
|  | Requested                        |                               |
| <b>37</b> Reported Average Daily Jail Population (FY 2001/02)                  |                                  |                               |
| <b>38</b> Calendar Days (FY 2003/04)   | 366                              |                               |
| <b>39</b> Total Projected Jail Population (FY 03/04)                           |                                  | Line 37 multiplied by Line 38 |
| <b>40</b> Estimated 2 Year % Population Increase/Decrease                      | %                                | See Manual, Chapter II        |
| <b>41</b> Estimated FY 2003/04 Population                                      |                                  | (Line 39 x Line 40) + Line 39 |
| <b>42</b> DAILY JAIL RATE (FY 2003/04)   | <b>Do Not Exceed<br/>\$59.00</b> | Line 36 divided by Line 41    |

FISCAL YEAR 2003/04

## DAILY JAIL RATE COMPUTATION

|   |                    |   |
|---|--------------------|---|
| COUNTY/JAIL NAME  |                    | Prepared By:  |
| PRIOR RATE ESTIMATE ADJUSTMENT  |                    | Sched. 2003/04 A  |
| DESCRIPTION OF ITEM   | REPORTED<br>AMOUNT | REFERENCE   |
| 1 TOTAL ALLOWABLE COSTS FOR<br>FISCALYEAR (FY) 2001/02                |                    | From Line 33 of DJR Computation<br>Schedule for FY 2003/04          |
| 2 AVERAGE DAILY POPULATION IN<br>FY 2001/02                           |                    | From Line 37 of DJR Computation<br>Schedule for FY 2003/04          |
| 3 TOTAL CALENDAR DAYS IN FY 2001/02                                   | 365                |   |
| 4 TOTAL ACTUAL INMATE DAYS IN FY 2001/02                              |                    | Line 2 x Line 3   |
| 5 CORRECTED DJR RATE FOR FY 2001/02                                   |                    | Line 1 Divided by Line 4  |
| 6 DAILY JAIL RATE APPROVED FOR THIS<br>FACILITY FOR USE IN FY 2001/02 |                    | From Line 42 of Approved DJR<br>Computation Schedule for FY 2001/02 |
| 7 DIFFERENCE  |                    |   |

If the DJR rate on Line 5 is under \$59.00 and less than Line 6, your county/city was overpaid for FY 2001/02 invoices. CDC will collect the overpayment from future invoices.

If the DJR rate on Line 5 is under \$59.00 and greater than Line 6, your county/city was underpaid for FY 2001/02 Invoices. Use CDC 2131-B, Consolidated Amended Invoice for Parolee/Inmate Detention and invoice CDC for the difference.

If the DJR rate on Line 5 is \$59.00 or more, and Line 6 is \$59.00, there will be no adjustments made. The cap of \$59.00 placed on DJR rates, as established by the Budget Act of 1993, remains in effect

If the DJR on Line 5 is \$59.00 or more, and Line 6 is less than \$59.00, the city or county was underpaid for FY 2001/02 invoices. Use CDC 2131-B, Consolidated Amended Invoice for Parolee /Inmate Detention and invoice CDC for the difference.

FISCAL YEAR 2003/04

DAILY JAIL RATE COMPUTATION

|                                     |              |
|-------------------------------------|--------------|
| COUNTY/JAIL NAME                    | Prepared By: |
| <u>Explanations of Adjustments:</u> |              |
| <div></div>                         |              |

**CHAPTER IV: PAROLE REVOCATION HEARING RATE****A. PAROLE REVOCATION HEARING RATE**

Cities and counties may bill the State for parole revocation (Morrissey) hearings. The billing rate may include security services provided and hearing room charges, including the service of electric power, gas, water, telephone, DSL connectivity, refuse collection, etc. Billings may be computed on an hourly or per hearing basis. The charge for security services should be the average hourly wage for a deputy sheriff. The use of overtime for security staff required at parole revocation hearings should be avoided whenever possible. However, when necessary, overtime can be billed.

Unlike the DJR computation, the parole revocation hearing rates are developed based on the last **completed** fiscal year. E.g., FY 03/04 submittal based on actual costs for FY 02/03.

**B. ANNUAL HEARING RATE PROPOSAL**

The FBMAU will accept a city or county parole revocation hearing rate proposal request between September 1 and January 1 of each year (time frame based on completion of last FY). An early submission is encouraged. The proposed parole revocation hearings must be submitted annually. Cities and counties must submit the rate proposal no later than January 1 of each year.

A city's or county's request for a time extension of the January 1 deadline shall be in writing and must be received by the FBMAU no later than January 1. Time extension requests shall state the reason for the time extension and the anticipated completion date of the rate proposal. In the absence of an acceptable reason, the request for an extension shall be denied.

When submitting the rate proposal, enclose all appropriate documentation to support expenditures claimed. Without the proper documentation, the new parole revocation hearing rate will not be approved and the city or county will be asked to forward the missing information.

**C. COMPLETING THE PAROLE REVOCATION HEARING RATE COMPUTATION**

If the benefits for the deputy sheriff include vacation days and other leave days, determine the average hourly wage as follows:

Annual salary of the deputy sheriff times (1 plus the benefit percentage) divided by the product of 8 hours times (365 days minus weekends) equals the average hourly wage. (Include a worksheet showing calculations.)

If the benefits for the deputy sheriff do not include vacation days or other leave days, determine the average hourly wage as follows:

Annual salary of the deputy sheriff times (1 plus the benefit percentage) divided by the product of 8 hours times (365 days minus weekends, vacation and other leave days) equals the average hourly wage. (Include a worksheet showing calculations.)

Attach a copy of the applicable FY pay scale, or any other forms of verification of the salary used, listing the annual salary of the deputy sheriff. Also, include a copy of the applicable portion of the MOU or contract between the city or county and union that lists the employee benefits for the deputy sheriff.

As in the DJR computation, facility use costs are unallowable. However, utility costs for the hearing room can be reimbursed. To determine the utilities cost rate:

- 1) Use the utility costs for the custody facilities derived from the last completed FY expenditure reports (include the service of electric power, gas, water, telephone, DSL connectivity, refuse collection, etc.).
- 2) Divide the amount used above by the total amount of the FY custody salaries and benefits.

Multiply the resulting percentage in (2) above by the average hourly wage for security staff. The result is the utility cost per hour.

If using an hourly rate, for the parole revocation hearing rate, add the rate for security personnel plus the hearing room charge to equal the hourly parole revocation hearing rate.

If using a flat hearing rate, for the parole revocation hearing rate, multiply the hourly rate by the average duration of a hearing. The average time per hearing must be based on actual records. The specific identification and location of the records should be included when submitting the proposed rate.

D. **Relationship Between the Parole Revocation Hearing Rate and the Daily Jail Rate**

Reimbursement for parole revocation hearings should be reported in the “Offsetting Reimbursement” section of the Daily Jail Rate (DJR) computation schedule. Include a copy of the revenue report or general ledger that indicates the total amount received for the parole revocation hearings within the applicable fiscal year.

NOTE: The DJR computation schedule reports actual direct costs, indirect costs and offsetting reimbursements from two years prior.

## **CHAPTER V: CLAIMS PROCESSING**

A. **CLAIM PREPARATION**

Claims for services provided to the CDC or the CYA shall be submitted **monthly in triplicate**, using the applicable invoice and Register of Participation forms found in this manual. For each LAP and Detention Program, submit a separate invoice and a Register

of Participation form per month clearly identifying each program. (A monthly invoice may not include charges for detention for the preceding month even if the detention was continuous to the current month.)

Claims submitted with incomplete or missing information (i.e. missing inmate identification number) will be returned for proper completion and will have to be resubmitted.

The billing rate used for an invoice shall be the latest approved DJR for each city or county facility. An approved DJR, **for a new jail facility**, must be on file with the CDC before the city or county can be reimbursed for holding parolees or wards in that new jail facility.

Since the State parolee usually is in custody for only a part of the first day and a part of the last day, the city or county will be reimbursed for the first day **only**, and not the last.

If the budget appropriations for PC Section 4016.5 and WIC Section 1776 become inadequate during the current fiscal year, invoices will be held until a new or increased appropriation is approved. At such time, approved claims will be scheduled for payment in the chronological order received, with the most current approved claims taking precedence. Delays in the reimbursement of invoices may occur if the latest approved DJR has not been updated for the current FY.

The city or county may submit invoices for payment for the current FY prior to receiving an approved current year DJR. Once the current year DJR is approved, the city or county should submit one consolidated amended invoice for all of the current FY invoices that have been paid at the lower prior year DJR. Use CDC forms 2131-B and 2131-D, entitled "Consolidated Amended Invoice," which are included in this manual.

If the approved current year DJR is less than the prior year DJR, the CDC Headquarters Accounting Services Section will consolidate and amend the previously paid invoices and deduct the overpayment from any future invoices until the overpayment is collected.

A computer produced "print-out" of monthly invoices and/or the Register of Participation consistent with the procedures in this manual are acceptable. Any proposed changes to this monthly invoice format resulting from the implementation of a computerized billing system require **prior approval** from the Headquarters Accounting Services Section. Send all inquiries to:

California Department of Corrections  
Headquarters Accounting Services Section  
P.O. Box 187018  
Sacramento, CA 95818-7018  
Phone: (916) 324-8789

Claims described in this section shall be submitted by the city or county to the CDC on a monthly basis within 45 days of the month in which the services are provided. **The CDC is not obligated to reimburse such claims if not received within six months of the**

**applicable service date.** Monthly submittal of invoices is recommended over cumulative submittal to aid the CDC in its projection of expenditures for this program.

B. **INVOICE FORMS AND INSTRUCTIONS (SEE APPENDIX VIII)**

**CDC FORMS**

|            |   |
|------------|---|
| CDC 2127   | Monthly Invoice: Parole Hold and Detention Programs           |
| CDC 2128   | Register of Participation: Parole Hold and Detention Programs |
| CDC 2129   | Monthly Invoice: Parole Revocation Hearings                   |
| CDC 2130   | Register of Participation: Parole Revocation Hearing          |
| CDC 2131-B | Consolidated Amended Invoice: Parolee and Inmate Detention    |
| CDC 2131-D | Consolidated Amended Invoice: Revocation Hearings             |
| CDC 2148   | Monthly Invoice for Non-Routine Medical                       |

**CYA FORMS**

|            |  |
|------------|--|
| CDC 2138-A | CYA Detention Invoice & Participant Registration       |
| CDC 2138-B | Consolidated Amended Invoice: Ward Detention           |
| CDC 2138-C | Consolidated Amended Invoice: Ward Revocation Hearings |

Under PC Section 4016.5 and WIC Section 1776, the State shall pay the cities or counties for costs incurred resulting from the detention of State parolees or wards on a monthly basis until the appropriation is expended. Any invoice incorrectly prepared will be returned.

The forms to be used for the preparation of the invoices are as follows:

**CDC 2127** is used for the LAP and Detention Program cases. The invoice must clearly identify:

- \* the city or county address to where the State payment will be mailed;
- \* the jail facility's name and address;
- \* the appropriate P&CSD Regional or District Office;
- \* the total number of LAP and detention days combined (from the Register of Participation);
- \* the approved rate;

- \* the total amount requested (total number of participant days multiplied by the approved rate);
- \* the signature and title of the city or county representative;
- \* the date the invoice was signed by the city or county representative;
- \* the signature and title of the P&CSD representative; and
- \* the date the invoice was signed by the P&CSD representative.

**CDC 2128** must be submitted with each CDC invoice for the LAP or detention programs to substantiate and verify the number of parolee or ward days for which costs are claimed. If a column does not apply to a participant, leave the column blank, otherwise include:

- \* Booking Number: Enter booking number assigned to parolee or ward by the city or county jail.
- \* Name: Enter the parolee or ward name. Using legal name as used by the CDC, enter the last name then first name.
- \* CDC Identification Number: Enter the CDC identification number that the parolee received when he or she originally entered a State institution and which he or she retains while on parole.
- \* Release or Continuation: Enter “R” if the parolee or ward is being released from the program this month. Enter “C” if the parolee or ward is continuing in the program next month.
- \* Date Hold Placed: Enter the date the CDC exercised its authority under Penal Code Section 3056 and detained a parolee in a city or county jail (LAP); or the date the CDC placed the parolee in a city or county jail under the authority of Penal Code Section 830.5 (Detention). If the date of LAP or Detention started prior to the invoice period, enter the first date of the invoice period.
- \* Date New Criminal Charges Begin: Enter the date that new criminal charges were filed against the parolee.
- \* Date New Criminal Charges End: Enter the date the new criminal charges were dismissed, dropped, or the date the sentence resulting from the new charges was completed.
- \* Number of Days on Criminal Charges: Enter the difference between the date new criminal charges were filed and the date the charges were dismissed, dropped, or sentence completed. Include the first, but not the last, day the parolee was charged.



If the date new criminal charges were filed is prior to the invoice period, enter the difference between the first day of the invoice period and the date the charges were dropped, dismissed, or sentence completed.

If the charges have not been dismissed, dropped, or sentence completed during the invoice period, enter the difference between the date new criminal charges were filed and the last day of the invoice.

**NOTE: When the parolee or ward is continuing in the program a “C” should be indicated in column four (4).**

- \* Date Hold Released: Enter the date the CDC withdrew its authority under Penal Code Section 3056 and the parolee was released (LAP ends) or the date that he or she was released from Penal Code Section 830.5 (Detention ends). If the LAP or Detention does not end during the invoice period, enter the first date of the next invoice period.
- \* Number of Days on Hold: Enter the difference between the date LAP or Detention started and the date LAP or Detention ended. Include the first, but not the last, day he or she was in the program.
- \* Number of Chargeable LAP Days: Enter the difference between the days on hold (LAP) or Detention and the days on new criminal charges.

**CDC 2129** - for the parole revocation hearing. The invoice must clearly identify:

- \* the city or county address to where the State payment will be mailed;
- \* the facility's name and address where the hearings are held;
- \* the appropriate P&CSD Regional or District Office;
- \* the total number of hours or hearings, whichever the approved rate is based on the approved rate;
- \* the total amount to be paid (the number of hours or hearings multiplied by the approved rate);
- \* the signature and title of the city or county representative;
- \* the date the invoice was prepared by the city or county representative;
- \* the signature and title of the P&CSD representative; and
- \* the date the invoice was signed by the P&CSD representative.

**CDC 2130** – to substantiate and verify claims for revocation hearing costs. Include the following:

- \* Name: Enter the legal proper name as used by the CDC of the parolee for whom the revocation hearing was held.
- \* CDC Identification Number: Enter the CDC identification number that was assigned to the parolee when he or she originally entered a State institution.
- \* Date of Hearing: Enter the date that the hearing was held.
- \* Hours: Enter the number of hours that it took for each hearing. Forward the total number of hours to the cover invoice, if the approved rate is based on the hours of service.
- \* Cumulative Number of Hearings: Enter the number of hearings. Forward the cumulative total to the cover invoice, if the rate is based on the cost per hearing.

**CDC 2148** is used when invoicing for miscellaneous and non-routine medical/dental expenses provided for a State parolee while in custody pending parole revocation proceedings. Include the following:

- \* documentation identifying the specific nature and level of medical services provided, including appropriateness and associated expense;
- \* emergency medical treatments must be supported by a statement from a licensed medical or dental professional describing the nature of the emergency, reasons for emergency services and itemized listing with cost for each service;
- \* a copy of any pre-authorization for non-emergency medical services must be attached to the invoice;
- \* copies of any invoices received by the detaining agency from any outside vendor/service provider detailing the services provided must be attached to the invoice;
- \* the city or county address to where the State payment will be mailed;
- \* the appropriate P&CSD Regional or District Office;
- \* the facility's name and address where the expenses occurred;
- \* the total amount to be paid per facility and total amount requested;
- \* the signature, title, and telephone number of the city or county representative;
- \* the date the invoice was prepared by the city or county representative;
- \* the signature and title of the P&CSD representative; and

- \* the date the invoice was signed by the P&CSD representative.

C. **CDC CONSOLIDATED AMENDED INVOICES**

**CDC 2131-B and CDC 2131-D** are the Consolidated Amended Invoices. Upon receipt of a current DJR, CDC will reimburse the city or county for its actual allowable costs for claims reimbursed at a prior year's DJR.

Use forms CDC 2131-B and CDC 2131-D to obtain incremental reimbursement. The city or county must submit a Consolidated Amended Invoice for the difference between what was paid and what would have been paid if the DJR proposal or revocation hearing rate had been submitted and approved prior to July.

There are two pages to the Consolidated Amended Invoice. Use the first page (CDC 2131-B) for parolee and ward detention invoices. Use the second page (CDC 2131-D) for parole revocation hearings. The total of the two programs should also be entered on page 2 (CDC 2131-D).

The following are instructions for the proper completion of the Consolidated Amended Invoice:

**Page 1. CDC 2131-B, Parolee/Inmate Detention:**

- Line 1: Enter the new approved DJR for the current FY in Line 1, Column 3.
- Enter the date of the letter notifying the city or county of the new approved DJR in Line 1, Column 2.
- Line 2: Enter the (old) DJR that was used for processing these invoices.
- Line 3: Enter the difference between the DJR that was used (or the old rate) and the DJR that should have been used (or the new rate).
- Line 4-15: Enter the number of inmate days that were billed for each month at the old DJR.
- Line 16: Enter the total number of days claimed. (Total Lines 4 through 15).
- Line 17: Enter the amount of additional reimbursement requested forward and parolee detention. (Multiply Line 3 by Line 16).

**Page 2. CDC 2131-D, Revocation Hearings:**

- Line 35: Enter the new approved parole revocation hearing rate for the current FY in Line 35, Column 3.
- Enter the date of the letter notifying the city or county of the new approved revocation hearing rate in Line 35, Column 2.

- Line 36: Enter the (old) revocation hearing rate that was used for processing these invoices.
- Line 37: Enter the difference between the revocation hearing rate that was used (or the old rate) and the revocation hearing rate that should have been used (or the new rate).
- Line 38-49: Enter the number of parolee days that were billed for each month at the old revocation hearing rate.
- Line 50: Enter the total number of parolee days claimed. (Add Lines 38 through 49).
- Line 51: Enter amount of additional reimbursement requested for parole revocation hearings. (Multiply Line 37 by Line 50).
- Line 52: Enter the grand total of reimbursement requested for this period. (Grand total of the two pages).

D. **CDC CLAIM SUBMITTAL**

Invoices must be sent to the appropriate P&CSD Regional Office or camp administrator. The Regional Office will review the claims to verify that the charges are only for CDC parolees. Any questions shall be directed to the submitting city or county for resolution. After the Regional Office approves the claims, they will be forwarded to CDC Headquarters Accounting Services Section for scheduling of payment by the State Controller's Office.

CDC invoices must be submitted in triplicate to the appropriate P&CSD Regional Headquarters' Office for review and processing:

**REGION I**

Alpine, Amador, Butte, Calaveras, Colusa, El Dorado, Fresno, Glenn, Inyo, Kern, Kings, Lassen, Madera, Mariposa, Merced, Modoc, Mono, Nevada, Placer, Plumas, Sacramento, San Joaquin, Shasta, Sierra, Siskiyou, Stanislaus, Sutter, Tehama, Trinity, Tulare, Tuolumne, Yolo and Yuba counties:

Send invoices to: California Department of Corrections  
Parole and Community Services Division  
9825 Goethe Road, Suite 200  
Sacramento, CA 95827-2572  
Phone: (916) 255-2758  
Fax: (916) 255-2754

**REGION II**

Alameda, Contra Costa, Del Norte, Humboldt, Lake, Marin, Mendocino, Monterey, Napa, San Benito, San Francisco, San Luis Obispo, San Mateo, Santa Barbara, Santa Clara, Santa Cruz, Solano, Sonoma and Ventura counties:

Send invoices to: California Department of Corrections  
Parole and Community Services Division  
1515 Clay Street, Tenth Floor  
Oakland, CA 94612  
Phone: (510) 622-4701  
Fax: (510) 622-4720

**REGION III**

Los Angeles

Send invoices to: California Department of Corrections  
Parole and Community Services Division  
320 W. 4<sup>th</sup> Street, Suite 1000  
Los Angeles, CA 90013-1105  
Phone: (213) 576-6500  
Fax: (213) 620-6488

**REGION IV**

Imperial, Orange, Riverside, San Bernardino and San Diego counties:

Send invoices to: California Department of Corrections  
Parole and Community Services Division  
21015 Pathfinder Road, Suite 200  
Diamond Bar, CA 91765  
Phone: (909) 468-2300  
Fax: (909) 468-2398

**CAMPS**

The counties affected are those that incarcerate parolees from any of the following CDC camps:

| <b>Conservation<br/>Camp Name</b> | <b>Conservation<br/>Camp Number</b> | <b>Camp<br/>Name</b> | <b>Camp<br/>Number</b> |
|-----------------------------------|-------------------------------------|----------------------|------------------------|
| Acton                             | 11                                  | Julius Klein         | 19                     |
| Alder                             | 20                                  | Konocti              | 27                     |
| Antelope                          | 25                                  | Malibu               | 13                     |
| Baseline                          | 30                                  | McCain Valley        | 21                     |
| Bautista                          | 36                                  | Miramonte            | 5                      |
| Chamberlain Creek                 | 17                                  | Mount Glenison       | 16                     |
| Cuesta                            | 24                                  | Mountain Home        | 10                     |
| Deadwood                          | 23                                  | Norco                | 39                     |
| Delta                             | 8                                   | Oak Glen             | 35                     |
| Devil's Garden                    | 40                                  | Owens Valley         | 26                     |
| Ed River                          | 31                                  | Parlin Fork          | 6                      |
| Fenner Canyon                     | 41                                  | Pilot Rock           | 15                     |
| Francisquito                      | 4                                   | Prado                | 28                     |
| Gabilan                           | 38                                  | Puerta La Cruz       | 14                     |
| Growlersburg                      | 33                                  | Rainbow              | 2                      |
| High Rock                         | 32                                  | Salt Creek           | 7                      |
| Intermountain                     | 22                                  | Sugar Pine           | 9                      |
| Ishi                              | 18                                  | Trinity River        | 3                      |
| Vallecito                         | 1                                   |                      |                        |
| Valley View                       | 34                                  |                      |                        |

Send CDC invoices in triplicate to the following applicable facility indicated by the camp:

|                                |    |                            |
|--------------------------------|----|----------------------------|
| Associate Warden, Camps        |    | Associate Warden, Camps    |
| California Correctional Center | or | Sierra Conservation Center |
| 711-045 Center Road            |    | 5100 O'Byrnes Ferry Road   |
| P.O. Box 790                   |    | P.O. Box 497               |
| Susanville, CA 96127-0790      |    | Jamestown, CA 95327        |
| (530) 257-2181                 |    | (209) 984-5291             |
| Fax: (530) 257-6508            |    | Fax: (209) 984-3607        |

The Consolidated Amended Invoices should be submitted directly to:

California Department of Corrections  
Headquarters Accounting Services Section  
P.O. Box 187018  
Sacramento, CA 95818-7018  
(916) 324-8789

A copy of the Consolidated Amended Invoice should also be sent to the appropriate Regional Office or camp administrator for information purposes only.

**E. CYA INVOICE FORMS AND INSTRUCTIONS**

**CDC 2138-A** is the CYA invoice for youthful parolee detentions. Form CDC 2138-A, (Form CYA 4.904) must be used for the CYA detention program cases.

Under WIC Section 1776, the State shall pay the cities or counties on a monthly basis for costs incurred resulting from the detention of State parole violators.

Complete the CYA detention invoice as follows:

- \* City or County: Enter the city or county name and address to where the State payment should be mailed.
- \* City or County Facility: Enter the name of the city or county facility where the parolee was detained.
- \* Inclusive Dates: Enter the beginning and ending dates of the invoice period. Only use calendar months and do not combine fiscal years on the invoice.
- \* Year: Enter the fiscal year.
- \* Name of Parolee: Enter the name of the parolee who is an alleged parole violator.
- \* CYA Number: Enter the CYA identification number that was assigned to the parolee when he or she was a State ward.
- \* Date CYA Hold Placed: Enter the date the CYA exercised its authority under Welfare and Institutions Code Sections 1753, 1755 or 1767.3.
- \* Date CYA Hold Released: Enter the date the CYA released its hold because new criminal charges were filed, the parolee was detained after a hearing, or he or she was released on parole.
- \* Days on LAP: Enter the difference between the date the hold was placed and the date the hold was released, excluding those days that new criminal charges were filed or charges were dropped, dismissed, or sentence completed. Include the first, but not the last, day of participation in determining number of days per detainee.
- \* Total Days: Enter the total number of detention days during which costs were incurred for housing a State detainee.
- \* Daily Rate: Enter the DJR.
- \* Total Cost: Multiply the total number of detention days by the approved CDC rate. This represents the total payment to be made to the city or county by the CYA.
- \* Signature: City or county representatives must sign the invoice before it will be paid.

- \* Title: Enter the title of the city or county representative who signed the invoice.
- \* Date: Enter the date the invoice was signed by the city or county representative.

F. **CYA CONSOLIDATED AMENDED INVOICES**

**CDC 2138-B and CDC 2138-C** are Consolidated Amended Invoices. Upon receipt of a current DJR, CDC will reimburse the city or county for its actual allowable costs for claims reimbursed at a different DJR.

Use forms CDC 2138-B and CDC 2138-C to obtain incremental reimbursement. The city or county must submit a Consolidated Amended Invoice for the difference between what was paid and what would have been paid if the DJR proposal or revocation hearing rate had been submitted and approved prior to July.

There are two pages to the Consolidated Amended Invoice. Use the first page (CDC 2138-B) for ward detention. Use the second page (CDC 2138-C) for parole revocation hearings. The total of the two programs should also be entered on page 2 (CDC 2138-C).

The following are instructions for the proper completion of the Consolidated Amended Invoice:

**Page 1. CDC 2138-B, Consolidated Amended Invoice (Ward Detention):**

Line 1: Enter the new approved DJR for the current Fiscal Year (FY) in Line 1, Column 3.

Enter the date of the letter notifying the city or county of the new approved DJR in Line 1, Column 2.

Line 2: Enter the (old) DJR that was used for processing these invoices.

Line 3: Enter the amount of the difference between the DJR that was used (or the old rate) and the DJR that should have been used (or the new rate).

Line 4-15: Enter the number of ward days that were billed for each month at the old DJR.

Line 16: Enter the total number of days claimed. (Total Lines 4 through 15).

Line 17: Enter the amount of additional reimbursement requested for ward and parolee detention. (Multiply Line 3 by Line 16).

**Page 2. CDC 2138-C, Consolidated Amended Invoice (Ward Revocation Hearing):**

Line 18: Enter the new approved ward revocation hearing rate for the current FY in Line 18, Column 3.



Enter the date of the letter notifying the city or county of the new approved revocation hearing rate in Line 18, Column 2.

- Line 19: Enter the (old) revocation hearing rate that was used for processing these invoices.
- Line 20: Enter the amount of the difference between the revocation hearing rate that was used (or the old rate) and the revocation hearing rate that should have been used (or the new rate).
- Line 21-32: Enter the number of ward days that were billed for each month at the old revocation hearing rate.
- Line 33: Enter the total number of ward days claimed. (Add Lines 21 through 32).
- Line 34: Enter the amount of additional reimbursement requested for ward revocation hearings. (Multiply Line 20 by Line 33).
- Line 35: Enter the grand total of reimbursement requested for this period. (Grand total of the two pages).

G. **CYA CLAIM SUBMITTAL**

Claims for services provided to the CYA should be submitted monthly, using form CYA 4.904 or form CDC 2138-A. Send claims to:

California Youth Authority  
Accounting Office  
4241 Williamsborough Drive, Suite 105  
Sacramento, CA 95823  
Phone: (916) 262-1419

Submit invoices only once a month and only by the calendar month. **Do not** combine fiscal years on an invoice.

The Accounting Office of the CYA will review the claims and direct any questions to the submitting city or county for resolution. Once the claims are approved, the CYA will forward them to the State Controller's Office for review and payment.

H. **OFFSETS AGAINST CLAIMS**

Penal Code Section 4016.5 and Welfare and Institutions Code Section 1776 constrain the CDC and the CYA, respectively, from reimbursing a city or county when there are charges outstanding against the city or county for services provided by either department. If the payment for such charges older than 45 days is not received before the invoices based on the DJR are completed, an offset adjustment would be necessary. The city or county will be notified and the older outstanding charges would be offset against the DJR reimbursement. Any net reimbursement would then be calculated and paid monthly.

**I. FAILURE TO MEET MINIMUM JAIL STANDARDS**

Penal Code Section 4016.5 and Welfare and Institutions Code Section 1776 require the CDC and the CYA to withhold all or part of the net reimbursements to a city or county whose jail facilities do not conform to minimum standards for local detention facilities, but only if the city or county is failing to make reasonable efforts to correct the differences. Consideration will be given to the resources available for such purposes. The Board of Corrections will make this determination. When the Board of Corrections notifies the departments of its determination, they will implement the partial or total withholds as instructed. Department staff will contact the city or county prior to the withholding of reimbursements.

**J. AUDITS**

The CDC or any duly authorized representative thereof shall have access to, and the right to examine, audit, excerpt and transcribe any books, documents, papers or records of the city or county which, in the opinion of the State, may be related or pertinent to the LAP, or the Detention Programs or the parole revocation hearings covered by the DJR, or the parole revocation hearing rate. Such material must be retained by the city or county for a period of three years after the termination of the fiscal year for which the annual jail rate applies or until all questions arising from an audit completed by the State are resolved.

A draft audit report will be issued to the city or county for review and comment. The city or county will have 30 days to submit written comments and supply additional source documentation for the auditor's consideration in preparing the final audit report. No additional source documentation will be accepted after the final audit report is issued.

The city or county has 30 days after it receives the final audit report to make a formal reply to the findings. The reply must indicate what action has been taken or is intended to be taken regarding each audit finding or recommendation. The reply to the final audit report will be reviewed by an Administrative Review Committee consisting of the Chief Financial Officer of the Financial Management Office, the Deputy Director of the Facilities and Business Management Division, and the Deputy Director of Parole and Community Services Division. The Administrative Review Committee's findings will be the final departmental position on the audit. If the city or county does not reply in writing within the allotted time, the report will be considered accepted in full and the State will proceed accordingly. The reply and any related questions to the final audit report should be made to:

California Department of Corrections  
Office of Compliance  
Fiscal and Business Management Audits Unit  
P.O. Box 942883  
Sacramento, CA 94283-0001

If the audit findings result in disallowances for which the city or county should repay monies to the State of California, and if the payment for the audit findings is not received within 30 days after the findings are issued, the amount will be deducted from future monthly claims until the audit disallowance is fully paid.

**APPENDIX I - PENAL CODE SECTION 4016.5**  
**CALIFORNIA DEPARTMENT OF CORRECTIONS**  
*(Amended pursuant to AB 1655)*

“Reimbursement of counties; parolee and prisoner detention; parole revocation proceedings; conditions; determination and use of reimbursement

A city or county shall be reimbursed by the Department of Corrections for costs incurred resulting from the detention of a state prisoner, a person sentenced or referred to the state prison, or a parolee and from parole revocation proceedings when the detention meets any of the following conditions:

- (a) The detention relates to a violation of the conditions of parole or the rules and regulations of the Director of Corrections and does not relate to a new criminal charge.
- (b) The detention is pursuant to (1) an order of the Board of Prison Terms under the authority granted by Section 3060, or (2) an order of the Governor under the authority granted by Section 3062 or (3) an exercise of a state parole or correctional officer's peace officer powers as specified in Section 830.5.
- (c) Security services and facilities are provided for hearings that are conducted by the Board of Prison Terms to revoke parole.
- (d) The detention results from a new commitment, or a referral pursuant to Section 1203.03, once the abstract of judgment has been completed, the department's intake control unit has been notified by the county that the prisoner is ready to be transported pursuant to Section 1216, and the department is unable to accept delivery of the prisoner. The reimbursement shall be provided for each day starting on the day following the fifth working day after the date of notification by the county, if the prisoner remains ready to be delivered and the department is unable to receive the prisoner. If a county delivers or attempts to deliver a person to the department without the prior notification required by this paragraph, the date of the delivery or attempted delivery shall be recognized as the notification date pursuant to this paragraph. The notification and verification required by the county for prisoners ready to be transported, and reimbursement provided to the county for prisoners that the department is unable to receive, shall be made pursuant to procedures established by the department.

A city or county shall be reimbursed by the department from funds appropriated in Item 5240-101-0001 of the budget Act of 1998 for costs incurred pursuant to subdivision (a), (b), and (c) and from funds appropriated in Item 5240-001-0001 of that act for costs incurred pursuant to subdivision (d).

The reimbursement required by this section shall be expended for maintenance, upkeep, and improvement of jail conditions, facilities, and services. Before the county is reimbursed by the department, the total amount of all charges against that county authorized by law for services rendered by the department shall be first deducted from the gross amount of reimbursement authorized by this section. The net reimbursement shall be calculated and paid monthly by the department. The department shall withhold all or part of the net reimbursement to a county whose jail facility or facilities do not conform to minimum standards for local detention facilities as authorized by Section 6030 only if the county is failing to make reasonable efforts to correct differences, with consideration given to the resources available for those purposes.

Costs incurred resulting from the detention, as used in this section, shall include the same cost factors as are utilized by the Department of Corrections in determining the cost of prisoner care in state correctional facilities.”

**APPENDIX II - WELFARE AND INSTITUTIONS CODE SECTION 1776**  
**CALIFORNIA DEPARTMENT OF THE YOUTH AUTHORITY**

Parole violators; county detention facilities; reimbursement:

“Whenever an alleged parole violator is detained in a county detention facility pursuant to a valid exercise of the powers of Youth Authority as specified in Sections 1753, 1755, and 1767.3 and when such detention is initiated by the Youth Authority and is related solely to a violation of the conditions of parole and is not related to a new criminal charge, the county shall be reimbursed for the costs of such detention by the Department of the Youth Authority. Such reimbursement shall be expanded for maintenance, upkeep, and improvement of juvenile hall and jail conditions, facilities, and services. Before the county is reimbursed by the department, the total amount of all charges against that county authorized by law for services rendered by the department shall be first deducted from the gross amount of the reimbursement authorized by this section. Such net reimbursement shall be calculated and paid monthly by the department. The department shall withhold all or part of such net reimbursement to a county whose juvenile hall or jail facility or facilities do not conform to minimum standards for local detention facilities as authorized by Section 6030 of the Penal Code or Section 210 of this code.

Costs of such detention, as used in this section, shall include the same cost factors as are utilized by the CDC in determining the cost of prisoner care in State correctional facilities.”

**APPENDIX III - STATE OF CALIFORNIA  
BUDGET ACT OF 2003, SECTION 5240 d.**

- d. “To reimburse counties for the cost of detaining State parolees pursuant to Section 4016.5 of the Penal Code. Claims shall be filed by local jurisdictions within six months after the end of the month in which the costs are incurred. Claims filed by local jurisdictions may not include booking fees, may not recover detention costs in excess of \$59 per day, and shall be limited to the detention costs for those days on which parolees are held subject only to a Department of Corrections request pursuant to subdivision (b) of Section 4016.5 of the Penal Code. Expenditures shall be charged to either the fiscal year in which the claim is received by the Department of Corrections or the fiscal year in which the warrant is issued.”

**APPENDIX IV - STATE ADMINISTRATIVE MANUAL  
SECTION 8752, FULL COST RECOVERY POLICY**

**FULL COST RECOVERY POLICY (Revised 2/99)****8752**

The State policy is for departments to recover full costs whenever goods or services are provided for others (Requirements for General Fund departments are included in Government Code (GC) Sections 11010 and 11270). This policy, which applies to all departments regardless of funding sources, is to be followed in all cases except where statutes prohibit full cost recovery.

The full cost of goods or services includes all costs attributable directly to the activity plus a fair share of indirect costs that can be ascribed reasonably to the good or service provided. SAM Section 8752.1 contains a discussion of the cost elements to include.

**COST ELEMENTS INCLUDED (Revised 2/99)****8752.1**

Include the following costs in charges for good and services:

- Department direct costs
  - Department indirect (overhead) costs
  - Central services costs
1. Department direct costs are those that can be identified specifically with a particular cost objective, such as:
    - a. Personal service costs incurred in meeting the cost objective (personal service costs will include the fringe benefit factors prescribed in SAM Section 8740).
    - b. Operating expenses and equipment costs incurred in meeting the cost objective, such as the cost of contracts, travel expenses, etc.
  2. Department indirect (overhead) costs are those support costs that benefit more than one cost objective/organizational unit. These costs are accumulated and allocated periodically to the cost objective/organizational units that benefit from the support activity/function. Departmental indirect costs include:
    - a. Personal services costs of unit, bureau, division, and department administrative, supervisory, and executive staff.
    - b. Personal services costs of support units, including clerical support, housekeeping, etc.
    - c. Operating expenses and equipment costs not included as part of department direct costs.
  3. Central service costs are costs incurred by central service departments (e.g., Department of Finance (DOF), State Controller, State Personnel Board, etc.) for the benefit of all State departments. See SAM Section 8753 for more information on central service costs.

**APPENDIX V - DEFINITIONS**

**Conditions of Parole:** A set of written rules to which an inmate or a parolee agrees to and by which he or she is governed.

**Daily Jail Rate:** The cost of housing an inmate at a city or county facility based on costs allowable by the State under Penal Code Section 4016.5 and Welfare and Institutions Code Section 1776.

**Detained:** An inmate is received into custody by a competent authority of the city or county jail.

**Detention:** State inmates assigned to the State operated or contracted community programs are subject at any time to be detained in the city or county jail upon the valid exercise of a State parole agent or correctional officer's peace officer powers (if the Sheriff or the corresponding official in charge of the jail consents thereto). State inmates remain under the legal custody of CDC and inmates detained in this manner are covered by this program.

**Equipment:** Tangible property other than land, buildings, improvements other than buildings, or infrastructure, which is used in operations and with a useful life of more than one year. Examples are furnishings, equipment, and software. Equipment may be attached to a structure for purposes of securing the item, but unless it is permanently attached to, or an integral part of, the building or structure, it is to be classified as equipment and not buildings. Consider the county/city's capitalization policy.

**Food Costs:** Per Penal Code, Section 4016.5, allowable food costs are limited to meals served inmates; also reference comments regarding Staff Benefits, Allowable Costs, Section D, Chapter I.

**General Liability Insurance:** General liability, per the State of California Accounting Standards and Procedures for Counties, is defined as:

“The exposure to third party bodily injury and/or property damage losses attributable to the broad range of governmental activities excluding losses due to malpractice and the operation of government vehicles... Usually includes errors and omissions and false arrest exposures.”

**Hold:** A written request that a parolee who is the responsibility of either CDC or CYA be detained in the city or county jail. The request may be made by the Board of Prison Terms, the Governor, the Youthful Offender Parole Board, the Director of California Department of Corrections, the Director of the California Department of Youth Authority or their duly authorized representatives.

**Indirect Costs:** This is for all applicable indirect (overhead) costs of detention operation, including booking and non-routine overhead. Items that can be included in this line item are costs included in the ICRP or COWCAP approved for use in FY 2001/02 and any departmental, divisional or other applicable indirect (overhead) costs, including salaries and benefits, services and supplies, the roll-forward amount in the COWCAP, and any adjustments and equipment costs minus any applicable revenues or reimbursements.

All indirect costs must be allocated based on the percentages that each cost center benefits from the indirect costs. Be sure to include a worksheet showing the basis for the allocation (salaries and benefits, etc.), the actual percentages used and the dollar amounts. Attach a copy of the expenditure reports even if the indirect costs were allocated.

Note: To include the ICRP or COWCAP as part of the indirect costs, remove building and equipment use costs from the proposed costs, and include the roll forward amount. All other costs included in the ICRP or COWCAP, unless otherwise unallowable as defined in this manual, are accepted as part of the Indirect Costs, provided they have been allocated appropriately to each cost center.

Overhead costs must be allocated to each cost center or jail facility based on the appropriate percentage of that cost center or jail facility's salaries and benefits in relationship to the total salaries and benefits of all costs centers.

The following indirect costs are allowable only in proportion to the jail operations:

- a. Citywide or countywide overhead costs from the ICRP or COWCAP as formally approved by the applicable Federal Cognizant agency or the State Controller's Office for use in FY 2001/02.
- b. Departmental overhead costs as indicated on the departmental ICRP.
- c. Divisional overhead costs as indicated on the divisional ICRP.

**Local Assistant Program (LAP):** LAP involves the detention in the city or county jail of a parolee on a parole violation, or an alleged parole violation. If the parolee is held on a criminal charge concurrent with our hold, the State does not reimburse the city or the county for the detention costs, regardless of the disposition by the court. This program pertains to both CDC and CYA.

**Meal Benefits and Allowances:** Meals for guests are unallowable. Meal benefits and allowances for staff are generally unallowable, unless the following conditions exist: when an employee is required to work in excess of two (2) hours past their normal workday. If the employee is required to work for more extended periods of time, he/she may be allowed to gain an additional meal allowance for each additional six (6) hour period. No more than three (3) overtime meal allowances will be claimed during any twenty-four (24) hour period.

**Medical (Routine) Expenses:** "Routine medical services" refer to those services that are normally provided to **all** prisoners in a county jail facility. Routine medical and dental costs include, but are not limited to physical and dental examinations received by prisoners when they arrive at a county jail, distribution of over-the-counter drugs (i.e., aspirin and cold/cough medicine) and medical and dental supplies such as Band-Aids or tape and gauze for cuts and bruises, dental floss, toothpaste and tooth brushes. Routine Medical Expenses may be reflected as a Direct Cost.

**Medical (Non-Routine) Expenses:** "Non-routine medical expenses" refers to medical services provided to an individual for a specific condition or specialized care, such as those that typically requires a specialized physician (i.e., dermatology, psychiatry, cardiology, endocrinology, neurology, oncology, etc.). Non-routine medical expenses are unallowable as a direct cost in the



DJR calculation and must be billed by the city or county directly to HASS, via the appropriate P&CSD Regional Headquarters Office.

Note: Refer to Chapter I, Section D, Miscellaneous and Non-Routine Medical Costs, for non-routine medical services procedures and reimbursements.

**Membership and Dues:** Membership and/or Dues in approved professional law enforcement related organizations. Includes professional license renewal.

**New Criminal Charge:** Unadjudicated charge against a parolee.

**Revocation Hearing:** After the discovery of information indicating a possible violation of parole, and the alleged parole violator has been placed on hold in the city or county jail, the P&CSD unit will review the case to determine if the violation should be reported to the Board of Prison Terms and a revocation hearing be recommended. If such a recommendation is made, a revocation hearing (often called a Morrissey hearing) will be scheduled to be held within a reasonable time after the placement of the parole hold. The revocation hearing is to be held at the city or county jail where the parolee is incarcerated on the parole hold or at another nearby city or county facility, such as the courthouse.

**Revocation Hearing Rate:** The cost of providing a hearing room and security staff necessary to hold a revocation (Morrissey) hearing.

**State Parolee:** An inmate or ward that has been released from prison with conditions and is being supervised for a given period by CDC or CYA.

**APPENDIX VI - GLOSSARY**

ADP: Average Daily Population

ARC: Administrative Review Committee

CDC: California Department of Corrections

COWCAP: County Wide Cost Allocation Plan

CYA: California Youth Authority

DJR: Daily Jail Rate

FBMAU: Fiscal and Business Management Audit Unit

FY: Fiscal Year

GAAP: Generally Accepted Accounting Principles

HASS: Headquarters' Accounting Services Section (for CDC)

ICRP: Indirect Cost Rate Proposal

LAP: Local Assistance Program

O.A.S.D.I.: Old Age, Survivors, & Disability Insurance

OHO: Our Hold Only (PC Section 3056 hold)

P&CSD: Parole and Community Services Division

PC: Penal Code

PRHR: Parole Revocation Hearing Rate

SAM: State Administrative Manual

WIC: Welfare and Institutions Code

**APPENDIX VII - COMMON PROBLEMS****COMMON PROBLEMS WHEN PREPARING THE DJR COMPUTATION FORM**

1. DIRECT COSTS (ALLOWABLE AND UNALLOWABLE):
  - a. **INCLUDE** ALL direct allowable and unallowable costs in the first section of the Daily Jail Rate Computation Sheet. Please ascertain that all unallowable direct costs are included in items 1 through 18 of the computation sheet. This procedure ensures that unallowable direct costs receive their the proportionate share of overhead.
2. WAGES AND BENEFITS:
  - a. **EXCLUDE** the Sheriff's Salary and Benefits - the sheriff is an elected official and the salary and benefits of the sheriff are not allowed as expenditures when computing detention costs.
  - b. **ATTACH** a listing of all the positions by classification, which are included in the Salary and Benefits reports.
  - c. **ATTACH** a copy of the appropriate expenditure reports and provide any explanations as to deviations between the total Salaries and Benefits line of the expenditure report and the Wages and Benefits line on the DJR Computation Form.
3. SERVICES AND SUPPLIES:
  - a. **ENCUMBRANCES** are not allowed. Costs can be claimed only when they have actually been expended.
  - b. **ATTACH** verification the "prior year" expenditures were paid in FY 2001/02.
  - c. **MAKE** sure that Professional and Special Expenses do not duplicate Medical Costs. The cost of consultants will always be questioned.
  - d. **VERIFY** that the cost is necessary and reasonable for the proper and efficient operation of the jail operation, and that State inmates benefit from the program.
  - e. **ATTACH** a copy of the capitalization policy (fixed asset threshold).
4. MEDICAL COSTS:
  - a. **INCLUDE** ALL medical costs (routine and non-routine) in the Allowable Direct Cost section of the DJR computation form. **DEDUCT** non-routine medical in the Unallowable Direct Cost section of the DJR.
  - b. **PROVIDE** detail of routine medical and non-routine medical expenditures and applicable allocations.

- c. **BILL** non-routine medical costs directly to CDC via the appropriate P&CSD office.
  - d. **ATTACH** a copy of any medical service contract, if applicable. **PROVIDE** detail of routine medical and non-routine medical expenditures covered under the contract.
- 5. UNALLOWED DIRECT COSTS:
  - a. **LOANS** for capital improvements are not allowed.
  - b. **COMMUNICATION AND RADIO SERVICE** outside of the jail facilities is **NOT ALLOWED**.
  - c. **LEASE** from the county or from the city government for jail space is **NOT ALLOWED**. Do include a copy of the lease agreement if jail space is being leased from non-governmental entities.
  - d. **BOOKING** costs, including classification, are not allowed and should be included as an unallowable direct cost.
- 6. INDIRECT COSTS:
  - a. **EXCLUDE** the Sheriff's Salary and Benefits, although the costs associated with the Sheriff's Office (staff, space, etc.) may be included in Indirect Costs.
  - b. **EXCLUDE** the building use and the equipment use costs from the COWCAP when using the COWCAP for Indirect Costs.
  - c. **USE** the COWCAP that has been *formally* approved by the State Controller's Office as estimated costs *for use in Fiscal Year 2001/02*.
  - d. **INCLUDE** the roll forward amount from the COWCAP.
  - e. **ALLOCATED** Indirect Costs *must be accompanied by an explanation* of the allocation methodology (Salaries and Benefits of the different units, number of positions, etc.) with the appropriate expenditure reports.
- 7. OFFSETTING REIMBURSEMENTS AND APPLICABLE CREDITS:
  - a. **DUAL** funding is **not allowed**. If expenditure is claimed for the DJR computation but is reimbursed from another source, (e.g. STC, POST, Morrissey hearings) the reimbursement must be included as an offsetting reimbursement. The exception to this are reimbursements received from other agencies for their inmates, provided that:
    - i. The service provided for housing their inmates are similar to services for CDC inmates, and
    - ii. Those inmates are included in the ADP count.

8. ESTIMATED 2-YEAR % COST INCREASE/DECREASE:

- a. **PROVIDE** documentation as to how the percentage of increase/decrease was calculated (*what method used*). NOTE: suggested methods provided in the DJR Manual.
- b. This projection is ***not an optional line item***. It is necessary since actual expenditures from two years ago are being used to project expenditures for FY 2003/04. The projection should be carefully calculated using the same types of costs used to calculate the DJR.

9. AVERAGE DAILY POPULATION (ADP):

- a. **PROVIDE** documentation by month, by facility, as to the ADP for FY 2001/02.

10. ESTIMATED 2-YEAR % POPULATION INCREASE/DECREASE:

- a. **PROVIDE** documentation as to how the projected percentage was calculated (*what method used*). NOTE: suggested method provided in the DJR Manual.
- b. This projection is ***not an optional line item***. It is necessary since actual ADP from two years ago is being used to project ADP for FY 2003/04. The population projection should be carefully calculated to avoid inappropriate material fluctuations in the DJRs from year to year.
- c. **ZERO** population growth ***must*** be explained (e.g., court mandate, spreadsheet of prior year population decline, etc.)

11. PRIOR RATE ESTIMATE ADJUSTMENT:

- a. Adjustment to the FY 2001/02 DJR is applicable only to those rates under the \$59.00 cap, in accordance with the Budget Act of 2001.
- b. Line 1. The Total Allowed Costs for Fiscal Year 2001/02 is carried over from ***LINE 33*** of the DJR Computation Form ***FROM FY 2003/04, (this year's DJR)***.
- c. Line 2. The 2001/02 Average Daily Population (ADP) is carried over from ***LINE 37*** of the DJR Computation Form ***FROM FY 2003/04, (this year's DJR)***.
- d. Line 6. Daily Jail Rate approved for this facility for use in FY 2001/02. Enter the DJR approved on ***LINE 42*** of the DJR Computation Form ***FROM FY 2001/02, (two years prior DJR)***.

12. REMINDERS:

- a. Documentation supporting reimbursement must adhere to Generally Accepted Accounting Principles (**GAAP**) as outlined by the American Institute of Certified Public Accountants.

- b. **REFERENCE** specific exhibit, attachment or note on the DJR computation form that support each line item indicated on the computation form.
- c. **IDENTIFY** combinations of object codes from support documents that make up a line item on the computation form.
- d. **INCLUDE** all applicable source documents; i.e., expenditure reports, budget reports, etc. **VERIFY** with the checklist to ensure all necessary supporting documentation is enclosed with your DJR computation form. **INCLUDE** any spreadsheets explaining the basis of the allocation, if costs are being allocated.
- e. **SUPPORT** documents should be copied on **letter size (8 1/2 x 11) paper when possible.**

**APPENDIX VIII - BLANK FORMS**

The following blank documents are provided here for the use of the DJR preparer:

- 1) Previously Approved Rate Carry Forward Letter;
- 2) Daily Jail Rate Checklist for FY 2003/04 rates;
- 3) DJR Computation Schedule, FY 2003/04;
- 4) Prior Rate Estimate Adjustment Schedule, FY 2003/04(A); and
- 5) Form for explanations and/or references listed on the DJR Computation Schedule.

The following blank documents are available for the cities or counties to bill CDC or CYA for services rendered:

- 6) CDC Form 2127 to be used for invoicing the combined days in the LAP and detention programs;
- 7) CDC Form 2128 is entitled “A Register of Participation for LAP or Detention” and is to be used with each CDC invoice for the LAP or detention programs;
- 8) CDC Form 2129 to be used for invoicing for the parole revocation hearings;
- 9) CDC Form 2130 is entitled “A Register of Participation for Parole Revocation” and is to be used with each CDC invoice for the parole revocation hearing;
- 10) CDC Form 2138-A to be used for invoicing for the CYA youthful parolee detentions; and
- 11) CDC Form 2148 to be used for invoicing for miscellaneous and non-routine medical costs.

The following blank documents are available for the cities or counties to bill CDC or CYA for billing adjustments when DJRs are updated:

- 12) CDC Form 2131-B to be used for invoicing the difference between the old and new DJR for all invoices previously submitted using the old DJR in the LAP and detention programs;
- 13) CDC Form 2131-D to be used for invoicing the difference between the old and new DJR for all invoices previously submitted using the old DJR in the revocation hearing;
- 14) CDC Form 2138-B to be used for invoicing the difference between the old and new DJR for all invoices previously submitted using the old DJR in the ward detention; and
- 15) CDC Form 2138-C to be used for invoicing the difference between the old and new DJR for all invoices previously submitted using the old DJR in the ward revocation hearings.

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**XXXXX COUNTY SHERIFF'S DEPARTMENT**

P.O. Box 22222

Anywhere, CA 22222

**PLEASE USE YOUR COUNTY/CITY LETTERHEAD. THIS IS A SAMPLE ONLY.**

<Date>

California Department of Corrections  
Fiscal and Business Management Audits Unit  
Daily Jail Rate Analyst  
P.O. Box 942883  
Sacramento, CA 94283-0001

Daily Jail Rate Analyst:

This letter is to inform you that it is the intent of \_\_\_\_\_ (the County/City) to carry forward to carry forward our previously approved Daily Jail Rate (DJR) of \$\_\_\_\_\_ from Fiscal Year \_\_\_\_/\_\_\_\_ as there has been no significant variances to: 1) costs associated with the DJR calculation, and/or 2) the average daily population.

We are aware that Local Assistance Program (LAP) reimbursements require that expenses for calculating the DJR be consistent with the Penal Code, Section 4016.5 using "...the same cost factors as are utilized by the (California) Department of Corrections [CDC] in determining the cost of prisoner care in State correctional facilities..." and with the State Administrative Manual, Section 8752, et seq. The legislative maximum amount that may be paid by the State is presently set at \$59.00 per inmate per day.

Additionally, per the DJR Manual, Chapter V, Section J—Audits, the CDC or any of its duly authorized representatives may perform periodic financial and operational reviews to determine compliance with DJR provisions. (See Chapter I, Section A – DJR Requirements of the DJR Manual.) The CDC shall have access and the right to examine, audit, excerpt, or transcribe any books, documents, papers, or records of the County/City which, in the opinion of the State, may be related or pertinent to the LAP or the detention programs covered by the DJR, including periods for which the DJR has been carried forward. Adjustments resulting from an audit and/or review will be applied retroactively to the applicable period of review. (See Chapter I, Section B, Carry Forward Option of the DJR Manual.)

Materials related to the DJR shall be retained by the County/City on site for a period of three years after the termination of the fiscal year for which the annual jail rate applies or until all questions arising from an audit completed by the State are completed and/or resolved.

We understand that the CDC will duly notify us when selected for an audit so that substantiating materials may be prepared prior to the audit. The audit will be for the current year's DJR which is based on two fiscal year's prior actual expenditures. In accordance with the DJR Manual, a cost package may be submitted to the Fiscal and Business Management Audits Unit within 90 days of final audit resolution to request a revised DJR.



If you have any questions regarding this matter, please contact me at (\_\_\_\_)  
\_\_\_\_\_.

I hereby certify under penalty of perjury that I am duly authorized to sign on behalf of the County/City named herein and that the aforementioned is true and correct.

\_\_\_\_\_  
Signature

Title

\_\_\_\_\_  
Date

cc: Hap Woods  
California Department of Corrections  
Accounting Services Section  
P.O. Box 942883  
Sacramento, CA 94283-0001

# **DAILY JAIL RATE (DJR)**

## **FISCAL YEAR 2003/04**

### **CHECKLIST FOR PREPARATION OF THE DJR COMPUTATION FORMS**

Please check to see that the items listed below are enclosed with your Daily Jail Rate (DJR) Computation forms for each facility. A completed DJR checklist must be submitted with your DJR:

\_\_\_\_ 1. Preparer's Name of DJR Computation Form for FY 2003/04:

\_\_\_\_\_

\_\_\_\_ 2. Contact Person for questions regarding completed DJR Computation Form:

\_\_\_\_\_

\_\_\_\_\_  
(Telephone Number)

### **ATTACHMENTS:**

- \_\_\_\_ 3. A copy of the expenditure detail report for FY 2001/02 for Salaries and Benefits, Services and Supplies (including unallowable costs such as non-routine medical and communication services outside the jail), Medical Costs, Equipment Purchases, other Direct Costs, Prior Year Expenditures, Administration/Overhead, Indirect Costs, and any other applicable expenditure.
- \_\_\_\_ 4. A copy of the county or city's capitalization policy.
- \_\_\_\_ 5. A copy of the budget report or revenue report or general ledger that lists all sources of revenue received by the Police or Sheriff's Department during FY 2001/02.
- \_\_\_\_ 6. A listing of positions by classification, which are represented by the Salary and Benefit reports for each jail facility.
- \_\_\_\_ 7. Documentation to substantiate the Sheriff's salary and benefits.
- \_\_\_\_ 8. A worksheet showing the allocation of Salaries and Benefits, Services and Supplies, Medical Costs, Equipment Purchases and any other expenditures, (direct costs only) that were allocated to each of the jail facilities.
- \_\_\_\_ 9. The expenditure report and a worksheet that documents the separation of Medical Costs into routine and non-routine based upon the criteria described in the Daily Jail Rate Manual. Please include a description of the methodology used for the allocation of costs.
- \_\_\_\_ 10. A description of what is included in the Indirect Costs (line 21), and how this was allocated to the appropriate cost center/jail facility. Please include a copy of the worksheet showing the allocation of costs and a description of the basis for the allocation.
- \_\_\_\_ 11. A copy of the cover page and the appropriate pages of the Countywide Cost Allocation Plan (COWCAP) as formally approved by the State Controller's Office as estimated costs or the

Citywide Indirect Cost Rate Proposal (ICRP) as approved by the appropriate Federal Cognizant Agency for use in FY 2001/02.

- \_\_\_\_ 12. A copy of the approved budget allotment report for FY 2002/03.
- \_\_\_\_ 13. A worksheet that substantiates how the two-year percentage cost increase was determined. See the DJR Manual for examples.
- \_\_\_\_ 14. A summary of the actual jail population for FY 2001/02 per facility by month.
- \_\_\_\_ 15. *A worksheet that substantiates how the two-year population increase was determined, or a copy of the supporting city or county document indicating the expected jail population for FY 2003/04, such as a court order reducing the jail population, etc.*
- \_\_\_\_ 16. If lease costs are included in Services and Supplies or another Category/Object, please provide a copy of the lease and documentation of the lessor's identity and financial interest as separate from the city or county government.
- \_\_\_\_ 17. Documentation to substantiate the booking costs. Please provide one of the following:
- \* A copy of the expenditure report for the booking unit.
  - \* Documentation showing the salaries and the classification/positions of the people involved in the booking process and some basis for the allocation of their time spent booking versus other duties, if any.

*Provide current name, title, phone number and address of the Sheriff/Police Chief and Auditor-Controller:*  
**Sheriff/Police Chief:**

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**Auditor-Controller:**

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| COUNTY/JAIL NAME                  |  | Prepared By:      |           |
|-----------------------------------|--|-------------------|-----------|
| ACTUAL EXPENSE FOR:<br>FY 2001/02 |  | REPORTED<br>COSTS | REFERENCE |
| 1                                 | DIRECT COSTS (Allowable and Unallowable)                                   |                   |           |
| 2                                 | Wages and Benefits   |                   |           |
| 3                                 | Services and Supplies  |                   |           |
| 4                                 | Medical Costs (Routine and Non-Routine)                                    |                   |           |
| 5                                 | Equipment purchases (Non-capitalized)                                      |                   |           |
| 6                                 |  |                   |           |
| 7                                 |  |                   |           |
| 8                                 |  |                   |           |
| 9                                 |  |                   |           |
| 10                                | <b>Total Direct Costs</b>  |                   |           |
| 11                                | LESS: Unallowable Direct Costs   |                   |           |
| 12                                | BOOKING COSTS  |                   |           |
| 13                                | Non-Routine Medical  |                   |           |
| 14                                | Communication Costs (outside of jail facility)                             |                   |           |
| 15                                |  |                   |           |
| 16                                |  |                   |           |
| 17                                |  |                   |           |
| 18                                | <b>Total Unallowable Direct Costs</b>                                      |                   |           |
| 19                                | <b>ALLOWABLE DIRECT COSTS</b>  |                   |           |
| 20                                | Or Other Basis   |                   |           |
| 21                                | INDIRECT COSTS   |                   |           |
| 22                                | Allow Dir/Total Dir Equals The Allow<br>% of Indir Costs (Line 19/Line 10) |                   |           |
| 23                                | ALLOWABLE INDIRECT COSTS   |                   |           |
| 24                                | <b>TOTAL EXPENDITURES</b>  |                   |           |
| 25                                | LESS: Offsetting Reimbursements  |                   |           |
| 26                                | STC  |                   |           |
| 27                                | POST   |                   |           |
| 28                                | Transportation   |                   |           |
| 29                                | Morrissey  |                   |           |
| 30                                |  |                   |           |
| 31                                | <b>Total Offsetting Reimbursements</b>                                     |                   |           |
| 32                                | <b>ALLOWABLE COSTS</b>   |                   |           |

|   |  |                           |
|---|--|---------------------------|
| <b>COUNTY/JAIL NAME</b>                           |  | <b>Prepared By:</b>       |
| <b>PROJECTED EXPENDITURES FOR:<br/>FY 2003/04</b> |  | <b>REPORTED<br/>COSTS</b> |
|   |  | <b>REFERENCE</b>          |
| <b>33</b>   | Allowable Costs (FY 2001/02)<br>(from Line 32 on Page 1)             |                           |
| <b>34</b>   | Estimated 2 Year Percent Cost Increase/Decrease                      |                           |
| <b>35</b>   | Amount of Estimated 2 Year Increase/Decrease                         |                           |
| <b>36</b>   | <b>TOTAL ALLOWABLE COSTS<br/>FOR FY 2003/04<br/>RATE COMPUTATION</b> |                           |
|   |  |                           |
| <b>FISCAL YEAR 2003/04</b>                        |  | <b>Requested</b>          |
| <b>37</b>   | <b>Reported Average Daily Jail Population</b><br>(FY 2001/02)        |                           |
| <b>38</b>   | Calendar Days<br>(FY 2003/04)  |                           |
| <b>39</b>   | Total Projected Jail Population<br>(FY 2003/04)                      |                           |
| <b>40</b>   | Estimated 2 Year % Population Increase/Decrease)                     |                           |
| <b>41</b>   | Estimated FY 2003/04 Population                                      |                           |
| <b>42</b>   | <b>DAILY JAIL RATE (FY 2003/04)</b>                                  | Do Not Exceed \$59.00     |

| COUNTY/JAIL NAME  |                    | Prepared By:       |  |
|---|--------------------|--------------------|--|
| <b>Prior Rate Estimate Adjustment</b>   |                    | Schedule 2003/04 A |  |
| DESCRIPTION OF ITEM   | REPORTED<br>AMOUNT | REFERENCE          |  |
| <b>1 TOTAL ALLOWED COSTS FOR FISCAL YEAR (FY) 2001/02</b>   |                    |                    |  |
| <b>2 AVERAGE DAILY POPULATION IN FY 2001/02</b>   |                    |                    |  |
| <b>3 TOTAL CALENDAR DAYS IN FY 2001/02</b>  |                    |                    |  |
| <b>4 TOTAL ACTUAL INMATE DAYS IN FY 2001/02</b>   |                    |                    |  |
| <b>5 CORRECTED DJR RATE FOR FY 2001/02</b>  |                    |                    |  |
| <b>6 DAILY JAIL RATE APPROVED FOR THIS FACILITY FOR USE IN FY 2001/02</b><br><i>(From Line 42 of DJR Computation Schedule for FY 2001/02)</i>   |                    |                    |  |
| <b>7 DIFFERENCE</b>   |                    |                    |  |
| <p>If the DJR on Line 5 is under \$59, and is less than Line 6, your county/city was overpaid for FY 2001/02 invoices. CDC will collect the overpayment from future invoices.</p> <p>If the DJR on Line 5 is under \$59, and is greater than Line 6, your county/city was underpaid for FY 2001/02 invoices. Use CDC 2131-B, Consolidated Amended Invoice for Parolee/Inmate Detention and invoice CDC for the difference.</p> <p>If the DJR on Line 5 is \$59 or more, and Line 6 is less than \$59, the city or county was underpaid for FY 2001/02 invoices. Use CDC 2131-B, Consolidated Amended Invoice for Parolee/Inmate Detention and invoice CDC for the difference.</p> <p>If the DJR on Line 5 is \$59 or more, and Line 6 is less than \$59, there will be no adjustments made. The cap of \$59 placed on DJRs as established by the Budget Act of 1993, remains in effect.</p> |                    |                    |  |

|   |              |
|---|--------------|
| COUNTY/JAIL NAME                              | Prepared By: |
| <u>Explanation of Adjustments/References:</u> |              |

**MONTHLY INVOICE****PAROLE HOLD AND DETENTION PROGRAMS**

NAME OF CITY OR COUNTY

STREET ADDRESS

CITY, STATE, ZIP CODE

| FROM:                 | TO:  |
|-----------------------|--|
| FACILITY NAME:        | California Department of Corrections<br>Parole and Community Services Division |
| STREET ADDRESS:       | STREET ADDRESS:  |
| CITY, STATE, ZIP CODE | CITY, STATE, ZIP CODE  |

In accordance with Penal Code 4016.5, payment is requested for satisfactory services provided in the **MONTH** of \_\_\_\_\_, 20\_\_\_\_\_.

Total participant days \* \_\_\_\_\_  
Reimbursement rate \_\_\_\_\_  
**X** \$ \_\_\_\_\_  
**TOTAL PAYMENT REQUESTED** \$ \_\_\_\_\_

**CLAIM CERTIFICATION**

I hereby certify under penalty of perjury that the city or county named herein is entitled to the amount claimed; that the claim within is in all respects a true and correct statement of costs incurred under Penal Code 4016.5, and that I have not violated any of the provisions of the Government Code Sections 1090 and 1096, inclusive

|   |      |                                   |      |
|---|------|-----------------------------------|------|
| SIGNATURE OF CITY / COUNTY REPRESENTATIVE | DATE | SIGNATURE OF P&CSD REPRESENTATIVE | DATE |
| (TYPE) NAME AND TITLE                     |      | (TYPE) NAME AND TITLE             |      |

\*Total "participant days" is obtained from the attached Register of Participation (CDC 2128) form, Column 10, "Number of Days". It includes the first, but not the last, day of participation, ***unless*** adequate documentation is provided and attached to the invoice.



[illegible]

TOTAL STATE DAYS

- (1) JAIL BOOKING NUMBER
- (2) NAME OF INMATE/PAROLEE (May not agree with CDC name)
- (3) CDC ID NUMBER
- (4) ENTER "R" FOR RELEASED or "C" FOR PAROLEE/INMATE CONTINUING PROGRAM NEXT MONTH
- (5) DATE OHO OR DETENTION STARTS or THE FIRST DATE OF INVOICE PERIOD
- (6) DATE NEW CRIMINAL CHARGES FILED
- (7) DATE CRIMINAL CHARGES DROPPED, DISMISSED OR SENTENCE ENDS
- (8) DAYS ON CRIMINAL CHARGES – Billing month only (Column 8 equals column 7 minus column 6 date)
- (9) DATE OHO, ON DETENTION ENDS or THE LAST DAY OF THE MONTH
- (10) DAYS ON HOLD or DETENTION (Column 10 equals column 8 date minus column 5 date)\*
- (11) CHARGEABLE OHO and/or DETENTION DAYS (Column 11 equals column 10 minus column 8 plus 1 if

ORIGINAL – PAROLE ACCOUNTING TECHNICIAN  
YELLOW – COUNTY JAIL  
PINK – PAROLE

62

# MONTHLY INVOICE

## PAROLE REVOCATION HEARINGS

### FOR USE BY BOARD OF PRISON TERMS ONLY

☐

APPROVED

☐

DISAPPROVED

☐

APPROVED WITH CHANGES

SIGNATURE

DATE

NAME OF CITY OR COUNTY

STREET ADDRESS

CITY, STATE, ZIP CODE

| FROM:                 | TO:  |
|-----------------------|--|
| FACILITY NAME:        | California Department of Corrections<br>Parole and Community Services Division |
| STREET ADDRESS:       | STREET ADDRESS:  |
| CITY, STATE, ZIP CODE | CITY, STATE, ZIP CODE  |

In accordance with Penal Code 4016.5, payment is requested for satisfactory services provided in the **MONTH** of \_\_\_\_\_, 20\_\_\_\_\_.

Total Hours (or No. of hearings) \* \_\_\_\_\_

Reimbursement rate                      **X** \$ \_\_\_\_\_

**TOTAL PAYMENT REQUESTED**    \$ \_\_\_\_\_

### CLAIM CERTIFICATION

I hereby certify under penalty of perjury that the city or county named herein is entitled to the amount claimed; that the claim within is in all respects a true and correct statement of costs incurred under Penal Code 4016.5, and that I have not violated any of the provisions of the Government Code Sections 1090 and 1096, inclusive.

|   |      |                                   |      |
|---|------|-----------------------------------|------|
| SIGNATURE OF CITY / COUNTY REPRESENTATIVE | DATE | SIGNATURE OF P&CSD REPRESENTATIVE | DATE |
| (TYPE) NAME AND TITLE                     |      | (TYPE) NAME AND TITLE             |      |

\*Total hours or number of hearings is obtained from the attached Register of Participation (CDC 2130) form.

| COUNTY                        |                 | FOR MONTH OF           |                        |  | YEAR |
|-------------------------------|-----------------|------------------------|------------------------|--|------|
| WORK FURLONGHEE'S NAME<br>(1) | CDC ID #<br>(2) | DATE OF HEARING<br>(3) | NUMBER OF HOURS<br>(4) | CUMULATIVE<br>NUMBER OF<br>HEARINGS<br>(5) |      |
|                               |                 |                        |                        |  |      |
|                               |                 |                        |                        |  |      |
|                               |                 |                        |                        |  |      |
|                               |                 |                        |                        |  |      |
|                               |                 |                        |                        |  |      |
|                               |                 |                        |                        |  |      |
|                               |                 |                        |                        |  |      |
|                               |                 |                        |                        |  |      |
|                               |                 |                        |                        |  |      |
|                               |                 |                        |                        |  |      |
|                               |                 |                        |                        |  |      |
|                               |                 |                        |                        |  |      |
|                               |                 |                        |                        |  |      |
|                               |                 |                        |                        |  |      |
|                               |                 |                        |                        |  |      |
|                               |                 |                        |                        |  |      |
|                               |                 |                        |                        |  |      |
|                               |                 |                        |                        |  |      |
|                               |                 |                        |                        |  |      |
|                               |                 |                        |                        |  |      |
| <b>TOTAL</b>                  |                 |                        |                        |  |      |

LEGEND:

- (1) NAME OF INMATE for whom revocation hearing was held.
- (2) CDC ID NUMBER
- (3) DATE OF HEARING
- (4) NUMBER OF HOURS per hearing. FORWARD the total number of hours to monthly cover invoice if rate is based on number of hours of service.
- (5) NUMBER OF HEARINGS. FORWARD the total number of hearings to the monthly cover invoice if rate is based on cost per hearing.

**SEND TO:**  
California Department of Youth Authority  
ATTN: Financial Analysis Bureau  
4241 Williamsborough Drive  
Sacramento, CA 95823

| (1) CITY OR COUNTY                        | (2) FACILITY NAME & ADDRESS | (3) INCLUSIVE COSTS WERE INCURRED: |                               | ((4) YEAR:         |
|---|-----------------------------|------------------------------------|-------------------------------|--------------------|
|   |                             | FROM:                              | TO:                           |                    |
| NAME<br>(5)                               | CYA ID #<br>(6)             | DATE CYA HOLD PLACED<br>(7)        | DATE CYA HOLD RELEASED<br>(8) | DAYS ON OHO<br>(9) |
|   |                             |                                    |                               |                    |
|   |                             |                                    |                               |                    |
|   |                             |                                    |                               |                    |
|   |                             |                                    |                               |                    |
|   |                             |                                    |                               |                    |
|   |                             |                                    |                               |                    |
|   |                             |                                    |                               |                    |
|   |                             |                                    |                               |                    |
|   |                             |                                    |                               |                    |
|   |                             |                                    |                               |                    |
|   |                             |                                    |                               |                    |
|   |                             |                                    |                               |                    |
|   |                             |                                    |                               |                    |
|   |                             |                                    |                               |                    |
|   |                             |                                    | (10) TOTAL DAYS               |                    |
| TOTAL COST (Total Days x \$ Daily Rate) = |                             |                                    | (11) DAILY RATE<br>\$         | (12) TOTAL<br>\$   |

**CLAIM CERTIFICATION:** I hereby certify that the above is a true and accurate statement of costs incurred by the county or city for detaining alleged parole violators under Section 1776 of the Welfare and Institutions Code.

|  |                            |           |
|--|----------------------------|-----------|
| (13) SIGNATURE OF CITY / COUNTY REPRESENTATIVE | (14) (TYPE) NAME AND TITLE | (15) DATE |
|--|----------------------------|-----------|

**MONTHLY INVOICE**  
**NON-ROUTINE MEDICAL**

For Reimbursement Under Penal Code Section 4016.5

Non-routine medical expenses refer to medical services provided to an individual for a specific condition or specialized care. Documentation and/or detail supporting non-routine medical expenses must clearly identify the specific nature and level of medical services, appropriateness and related expense for medical services provided parole violators.

NAME OF CITY OR COUNTY

STREET ADDRESS

CITY, STATE, ZIP CODE

| FROM:                 | TO:  |
|-----------------------|--|
| FACILITY NAME:        | California Department of Corrections<br>Parole and Community Services Division |
| STREET ADDRESS:       | STREET ADDRESS:  |
| CITY, STATE, ZIP CODE | CITY, STATE, ZIP CODE  |

In accordance with Penal Code 4016.5, payment is requested for satisfactory services provided in the **MONTH** of \_\_\_\_\_, 20\_\_\_\_\_.

**DETENTION FACILITY****AMOUNT**

|                         |    |
|-------------------------|----|
|                         | \$ |
|                         | \$ |
|                         | \$ |
|                         | \$ |
|                         | \$ |
|                         | \$ |
|                         | \$ |
| TOTAL PAYMENT REQUESTED | \$ |

**CLAIM CERTIFICATION**

I hereby certify under penalty of perjury that the city or county named herein is entitled to the amount claimed; that the claim within is in all respects a true and correct statement of costs incurred under Penal Code 4016.5, and that I have not violated any of the provisions of the Government Code Sections 1090 and 1096, inclusive

| SIGNATURE OF CITY / COUNTY REPRESENTATIVE | DATE | SIGNATURE OF P&CSD REPRESENTATIVE | DATE |
|---|------|-----------------------------------|------|
| (TYPE) NAME AND TITLE – PHONE NUMBER      |      | (TYPE) NAME AND TITLE             |      |

Non-routine medical expenses must be billed by the city or county directly to the CDC, Headquarters Accounting Services Section via the appropriate P&CSD Regional Headquarters Office.

**Prior Months Billing Adjustment  
For Reimbursement Under Penal Code Section 4016.5**

CITY, STATE, ZIP CODE

|                       |  |
|-----------------------|--|
| <b>FROM:</b>          | <b>TO:</b>   |
| FACILITY NAME:        | California Department of Corrections<br>Parole and Community Services Division |
| STREET ADDRESS:       | STREET ADDRESS:<br><br>PO Box 942883   |
| CITY, STATE, ZIP CODE | CITY, STATE, ZIP CODE<br><br>Sacramento, CA 95283-0001                         |

COLUMN 4  
REIMBURSEMENT  
REQUESTED

| <u>LINE</u> | <u>COLUMN 1</u>  | <u>COLUMN 2</u><br>DATE RATE APPROVED | <u>COLUMN 3</u> |
|-------------|--|---------------------------------------|-----------------|
| 1           | (New) Rate approved on:                                | _____                                 | \$ _____        |
| 2           | (Old) Rate of reimbursement                            |                                       | \$ _____        |
| 3           | (Difference) Rate of Increase<br>(Line 1 minus Line 2) |                                       | \$ _____        |

TOTAL  
PAROLEE/  
INMATE  
DAYS BILLED

|     | MONTHS       | DAYS BILLED |
|-----|--------------|-------------|
| 4   | July 19_____ | _____       |
| 5   | August       | _____       |
| 6   | September    | _____       |
| 7   | October      | _____       |
| 8   | November     | _____       |
| 9   | December     | _____       |
| 10  | January_____ | _____       |
| 11  | February     | _____       |
| +12 | March        | _____       |
| 13  | April        | _____       |
| 14  | May          | _____       |
| 15  | June         | _____       |

16 Total Number of Days \_\_\_\_\_

|    |  |    |
|----|--|----|
| 17 | SUBTOTAL: Parolee/Inmate Detention Reimbursement Requested<br>(Rate in Line 3 times number of days in Line 16) | \$ |
|----|--|----|

|   |                       |      |
|---|-----------------------|------|
| SIGNATURE OF CITY / COUNTY REPRESENTATIVE | (TYPE) NAME AND TITLE | DATE |
|---|-----------------------|------|

**CONSOLIDATED AMENDED INVOICE  
REVOCATION HEARINGS****Prior Month Billing Adjustment  
For Reimbursement Under Penal Code Section 4016.5**

|                        |  |
|------------------------|--|
| NAME OF CITY OR COUNTY | FISCAL YEAR  |
| STREET ADDRESS         |  |
| CITY, STATE, ZIP CODE  |  |
| <b>FROM:</b>           | <b>TO:</b>   |
| FACILITY NAME:         | California Department of Corrections<br>Parole and Community Services Division |
| STREET ADDRESS:        | STREET ADDRESS:<br>PO Box 942883   |
| CITY, STATE, ZIP CODE  | CITY, STATE, ZIP CODE<br>Sacramento, CA 95283-0001                             |

COLUMN 4  
REIMBURSEMENT  
REQUESTED PER HOUR OR  
HEARINGLINECOLUMN 1COLUMN 2  
DATE RATE APPROVED:COLUMN 3

|    |  |       |          |           |
|----|--|-------|----------|-----------|
| 35 | (New) Rate approved on:                                  | _____ | \$ _____ | per _____ |
| 36 | (Old) Rate of reimbursement                              |       | \$ _____ | per _____ |
| 37 | (Difference) Rate of Increase<br>(Line 35 minus Line 36) |       | \$ _____ | per _____ |

TOTAL HOURS  
OR HEARINGS  
BILLED

MONTHS

|    |               |       |
|----|---------------|-------|
| 38 | July 19 _____ | _____ |
| 39 | August        | _____ |
| 40 | September     | _____ |
| 41 | October       | _____ |
| 42 | November      | _____ |
| 43 | December      | _____ |
| 44 | January _____ | _____ |
| 45 | February      | _____ |
| 46 | March         | _____ |
| 47 | April         | _____ |
| 48 | May           | _____ |
| 49 | June          | _____ |

|    |  |          |
|----|--|----------|
| 50 | Total Number of hours or hearings  | _____    |
| 51 | SUBTOTAL: Revocation Hearings Reimbursement Requested<br>(Rate in Line 37 times Hours/Hearings in Line 50) | \$ _____ |
| 52 | TOTAL: Reimbursement requested for this consolidated<br>amended invoice for the period: _____ thru _____   | \$ _____ |

|   |                       |      |
|---|-----------------------|------|
| SIGNATURE OF CITY / COUNTY REPRESENTATIVE | (TYPE) NAME AND TITLE | DATE |
|---|-----------------------|------|

**CONSOLIDATED AMENDED INVOICE  
WARD DETENTION****Prior Month Billing Adjustment  
For Reimbursement Under Welfare & Institutions Code Section 1776**

|                        |             |
|------------------------|-------------|
| NAME OF CITY OR COUNTY | FISCAL YEAR |
| STREET ADDRESS         |             |
| CITY, STATE, ZIP CODE  |             |

| FROM:                 | TO:   |
|-----------------------|---|
| FACILITY NAME:        | California Department of Corrections<br>Attn: Financial Analysis Bureau |
| STREET ADDRESS:       | STREET ADDRESS:<br>4241 Williamsborough Drive                           |
| CITY, STATE, ZIP CODE | CITY, STATE, ZIP CODE<br>Sacramento, CA 95823                           |

| LINE | COLUMN 1   | COLUMN 2<br>DATE RATE APPROVED:      | COLUMN 3 | COLUMN 4<br>REIMBURSEMENT<br>REQUESTED |
|------|--|--------------------------------------|----------|--|
| 1    | (New) Rate approved on:  | _____                                | \$ _____ |  |
| 2    | (Old) Rate of reimbursement  |                                      | \$ _____ |  |
| 3    | (Difference) Rate of Increase<br>(Line 1 minus Line 2)   |                                      | \$ _____ |  |
|      |  | TOTAL HOURS<br>OR HEARINGS<br>BILLED |          |  |
|      | MONTHS   |                                      |          |  |
| 4    | July 19 _____  | _____                                |          |  |
| 5    | August _____   | _____                                |          |  |
| 6    | September _____  | _____                                |          |  |
| 7    | October _____  | _____                                |          |  |
| 8    | November _____   | _____                                |          |  |
| 9    | December _____   | _____                                |          |  |
| 10   | January _____  | _____                                |          |  |
| 11   | February _____   | _____                                |          |  |
| 12   | March _____  | _____                                |          |  |
| 13   | April _____  | _____                                |          |  |
| 14   | May _____  | _____                                |          |  |
| 15   | June _____   | _____                                |          |  |
| 16   | Total Number of Days   |                                      | _____    |  |
| 17   | SUBTOTAL: Ward Detention Reimbursement Requested<br>(Rate in Line 3 times Hours/Hearings in Line 16) |                                      |          | \$ _____                               |

|   |                       |      |
|---|-----------------------|------|
| SIGNATURE OF CITY / COUNTY REPRESENTATIVE | (TYPE) NAME AND TITLE | DATE |
|---|-----------------------|------|



**CONSOLIDATED AMENDED INVOICE  
WARD DETENTION****Prior Month Billing Adjustment  
For Reimbursement Under Welfare & Institutions Code Section 1776**

|                        |             |
|------------------------|-------------|
| NAME OF CITY OR COUNTY | FISCAL YEAR |
| STREET ADDRESS         |             |
| CITY, STATE, ZIP CODE  |             |

| FROM:                 | TO:   |
|-----------------------|---|
| FACILITY NAME:        | California Department of Corrections<br>Attn: Financial Analysis Bureau |
| STREET ADDRESS:       | STREET ADDRESS:<br>4241 Williamsborough Drive                           |
| CITY, STATE, ZIP CODE | CITY, STATE, ZIP CODE<br>Sacramento, CA 95823                           |

| LINE | COLUMN 1  | COLUMN 2<br>DATE RATE APPROVED:      | COLUMN 3           | COLUMN 4<br>REIMBURSEMENT<br>REQUESTED PER HOUR<br>OR HEARING |
|------|---|--------------------------------------|--------------------|---|
| 18   | (New) Rate approved on:   | _____                                | \$ _____ per _____ |   |
| 19   | (Old) Rate of reimbursement   |                                      | \$ _____ per _____ |   |
| 20   | (Difference) Rate of Increase<br>(Line 18 minus Line 19)  |                                      | \$ _____ per _____ |   |
|      |   | TOTAL HOURS<br>OR HEARINGS<br>BILLED |                    |   |
|      | MONTHS  |                                      |                    |   |
| 21   | July 19 _____   | _____                                |                    |   |
| 22   | August _____  | _____                                |                    |   |
| 23   | September _____   | _____                                |                    |   |
| 24   | October _____   | _____                                |                    |   |
| 25   | November _____  | _____                                |                    |   |
| 26   | December _____  | _____                                |                    |   |
| 27   | January _____   | _____                                |                    |   |
| 28   | February _____  | _____                                |                    |   |
| 29   | March _____   | _____                                |                    |   |
| 30   | April _____   | _____                                |                    |   |
| 31   | May _____   | _____                                |                    |   |
| 32   | June _____  | _____                                |                    |   |
| 33   | Total Number of Days  |                                      | _____              |   |
| 34   | SUBTOTAL: Ward Detention Reimbursement Requested<br>(Rate in Line 20 times number of days in Line 33) |                                      |                    | \$ _____  |
| 35   | TOTAL: Reimbursement requested for this consolidated<br>Amended invoice for the period:               |                                      |                    | thru _____ \$ _____   |

|   |                       |      |
|---|-----------------------|------|
| SIGNATURE OF CITY / COUNTY REPRESENTATIVE | (TYPE) NAME AND TITLE | DATE |
|---|-----------------------|------|